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AUTHOR Egglund, Carol
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ABSTRACT

The project reported here was done to design and implement a model curriculum for a nurse refresher course to update the unemployed nurse's knowledge and skills in preparation for a return to employment. This report begins with an abstract of the project, a course evaluation based on the second of two field tests, and a brief course syllabus. The remainder of the content consists of the detailed course outline which includes the following: Unit 1 (Introduction), Unit 2 (Update in Nursing--health care, nursing, and nursing practice), and ten case studies of several disease processes and life events that require nursing care. Both units and the case studies include behavioral objectives, content outline, and suggested methods, materials, and assessment methods (expected outcomes). Topics of the case studies, varying in length from five to nineteen pages and each covering the case and related nursing content, are normal newborn; toddler with a head injury; adolescent with ulcerative colitis; young adult with diabetes; young adult with leukemia and thrombophlebitis; pregnancy, labor, delivery, puerperium, and postpartum psychosis; adult with myocardial infarction and a pacemaker; older adult with emphysema and congestive heart failure; older adult with a cataract and transurethral resection; and elderly patient with arthritis and total hip replacement. (EM)

ED145150

FINAL REPORT

Exemplary Programs & Projects
Vocational Education Amendments of 1968
Public Law 90-576

DEVELOPMENT AND IMPLEMENTATION OF A
CURRICULUM FOR NURSE REFRESHER COURSE

CAROL EGGLAND

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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SOUTHEAST COMMUNITY COLLEGE

ONE YEAR INITIALLY; ON-GOING PROJECT

NEBRASKA STATE DEPARTMENT OF EDUCATION
AND
NEBRASKA RESEARCH COORDINATING UNIT
LINCOLN, NEBRASKA 68508

CE 012 799

A project of this scope cannot be done by one person. Grateful acknowledgement of the following persons and institutions is made:

1. Phyllis Kendle for sowing the Nurse Refresher seed and watering and nurturing it along the way.
2. Evelyn Baker
Betty Biggs
Bettie Butts
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Doris Hutchison
Phyllis Kendle
Margaret Pavelka
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committed and involved
steering committee
3. Southeast Community College for being willing to take the risk of new programs.
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9. Marge Bryan
Jim Gingles
LeRoy Michaelis
for a thorough evaluation
of the program
10. Lincoln hospitals and health care agencies for their willingness to have students learn from them.

Carol Eggland
Project Director

ABSTRACT

TITLE OF THE PROJECT: Development and Implementation of a Curriculum for Nurse Refresher Course

PROJECT DIRECTOR: Carol Eggland

APPLICANT ORGANIZATION: Southeast Community College

DURATION OF PROJECT: One year initially; on-going project

TOTAL FEDERAL FUNDS REQUESTED: \$9,695.20

PURPOSES OF OBJECTIVES: Design and implement a curriculum for a nurse refresher course to update the unemployed nurse's knowledge and skills and prepare her to return to employment. Development of such a curriculum would serve as a model for all of Nebraska and comply with the legislature's mandate that nurses not employed for 5 years must complete a course of study before returning to practice.

PROCEDURES:

1. Use an advisory committee to assist in identifying objectives and to plan content and methods of instruction.
2. Use existing curriculum materials as resources.
3. Field test the curriculum.
4. Follow-up participants and evaluate course.
5. Disseminate curriculum throughout the state.

CONTRIBUTIONS TO VOCATIONAL EDUCATION:

1. Broaden or improve vocational education curricula.
2. Make it possible for nurses to comply with the legislature's mandate concerning return to practice.
3. Provide a model for other agencies or communities.
4. Serve the needs of nurses who are unable or unwilling to return to practice because of outdated skills and knowledge.

II. Organization of Project

- A. Formation of steering committee
- B. Mailed questionnaire to assess needs of inactive nurses in the 15 county southeast Nebraska area (copy included in earlier report)
- C. Developed objectives and content with assistance of steering committee
- D. Employed primary instructor to write curriculum
- E. Mailed letter of announcement regarding first class
- F. Enrolled 17 nurses in first class
- G. Enrolled 15 nurses in second class
- H. Conducted formal evaluation of program
- I. Revised some sections of curriculum

III. Results

- A. Materials developed include:
 - 1. A curriculum consisting of introductory materials (nursing today, legal aspects, etc.) and 10 case studies of nursing problems throughout the life cycle;
 - 2. An extensive bibliography and reprinted articles for checkout;
 - 3. An evaluation tool.
- B. Thirty-two students have been served. The project will be an on-going one.
- C. Student evaluation criteria are included in notebook as is a copy of form used by students to evaluate teachers and course. A composite of that rating will be available at a later date.

IV. Revisions

- A. Following the first class, course content was rearranged to spread didactic portions throughout the course, rather than concentrating it all in the beginning.
- B. Following the second class, selection of 2 required textbooks was made, some sections of the introductory unit were rewritten, and the bibliography was expanded and updated. Completed revisions will be available at a later date.
- C. Following the recommendations of the evaluation team:
 - 1. The area of charting will be reviewed and strengthened;

2. Patient care plan writing, implementation and evaluation is included in the course;
 3. Expansion of options for meeting participants' varying experiential needs will be considered;
 4. Course description and goal statements were reevaluated and rewritten.
- D. Goals for the coming year:
1. Develop a pre-course assessment tool;
 2. Make use of skills inventory;
 3. Consider the need for a post-test;
 4. Conduct a training workshop for others to develop and offer nurse refresher course.

V. Reference material was and continues to be very limited, and we feel the addition of this curriculum will be of value to others. Published materials used include:

- A. Hauer, Romm, Hawkins, "Coming of Age of a Refresher Program", AJN, Volume 75, No. 1, January 1975, pp. 88-91.
- B. Hospital Research and Educational Trust, Training and Continuing Education, A Handbook for Health Care Institutions, Chicago: HRET, 1970.
- C. U. S. Department of H. E. W., A Refresher Course for Registered Nurses, A Guide for Instructors and Students, Bethesda, MD, p. 7.
- D. Ruth Stryker, Back to Nursing, A Guide to Current Practice for Active and Inactive Nurses, 2nd ed., Philadelphia: W. B. Saunders Co., 1971, p. 8.

Non-published included course outlines from Oregon, Illinois, Wisconsin, Ohio, Iowa and others.

Southeast Community College



ROBERT S. EICHER, Area President

Health Adult & Continuing Education
1801 So. 40 Street
Lincoln, NE 68506

June 20, 1977

Attached is the report of an evaluation team who surveyed the Nurse Refresher course. They were selected to represent adult education, vocational education and nursing.

Jim Gingles is a Ph D candidate in adult education, a university instructor in human development and the family and a former intern at the Community College.

LeRoy Michaelis teaches courses to Health Occupations majors at the University of Nebraska.

Margaret Bryan is Chief of Nursing Service for Education at Veterans' Hospital in Lincoln.

The committee members observed the classroom and clinical instruction during the course and interviewed students, instructors and staff at the clinical facilities. They read the course syllabus and objectives, student diaries and students' evaluations of the course and instructors, and the 6 month post-course questionnaires returned by students.

Sincerely,

Carol Eggland, B.S.N., M.A.
Project Director

rbf

Enclosure

LINCOLN CAMPUS
2120 South 56th, Suite 206
Lincoln, Nebraska 68506

MILFORD CAMPUS
Milford, Nebraska
68405

FAIRBURY CAMPUS
10th and K Streets
Fairbury, Nebraska 68352

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EVALUATION OF NURSE REFRESHER COURSE

Evaluation Committee: Jim Gingles - Acting Director,
Ruth Staples Child Development Laboratory
C. LeRoy Michaelis - T. and I. Specialist
Margaret B. Bryan - Associate Chief, Nursing Service
for Education

I. INTRODUCTION

The Nurse Refresher Course was initially formulated because the State Legislature had directed the State Board of Nursing to develop and oversee a plan to have nurses who wish to retain their license but have not worked regularly in the last five years participate in a refresher course.

The present stated objective of the course is "to provide selected experiences in the classroom and clinical setting which will prepare the nurse who has not been recently employed to return to active nursing practice with ease and confidence". (Course Syllabus).

The course objectives as stated in the Syllabus are:

1. Re-activate previously acquired knowledge and skills.
2. Acquire additional knowledge and skills that are included in the nursing role today.
3. Identify current concepts, trends and legal aspects of nursing practice.
4. Refine observation and communication techniques.
5. Participate as an active member of the health team by utilizing the nursing process to provide individualized patient care.
6. Update knowledge of growth and development principles throughout the life cycle via selected case studies of common disease processes with related clinical application.
7. Develop an awareness of community resources available for the patient which will provide total care to the infirmed, convalescent and/or homebound.
8. Demonstrate professional responsibility by utilizing the available resources which will aid in the present and on-going growth process.
9. Progress into an orientation program with ease to become an active member of the health team.

II. EVALUATION OF PROGRAM OBJECTIVES

The following is the Committee's evaluation of the Nurse Refresher Course attaining the objectives stated on page one:

Objective 1: The Evaluation Committee did find the program participants utilizing much of the previously acquired knowledge. The longer they were out, the less relevant knowledge they seemed to possess and the harder it was for them to utilize the knowledge they did have. Additionally, the anxiety factor was greater for those who had been out of nursing practice for longer periods of time.

Objective 2: Most of the program participants seemed to have adjusted very well to the role of today's nurse. However, those who had been inactive in the profession for longer periods had a more difficult time adjusting to the new role of the nurse which has changed from that of being a physician's handmaiden to one who is expected to actively participate in planning, implementing and evaluating patient care.

Generally, most of the nurses demonstrated a great deal of knowledge in the class itself and, by the end of the Nurse Refresher Course, had demonstrated an increase in knowledge and skills in both the classroom and clinical settings.

Objective 3: Course content related to this objective seemed to be a strength of the program, especially content concerning the legal aspects of nursing practice. The Evaluation Committee recognizes the importance of this aspect of nursing practice and agrees with the emphasis it received. The Committee did feel that one of the legal aspects of concern is charting and will address itself to this more in Objective 4.

Objective 4: Observation and communication techniques are fundamental to successful nursing practice. Communication was well covered in the Nurse Refresher Course, especially in relation to nurse-patient-family interaction, and appeared to be a very strong part of the program. The Committee does recognize that actual teaching of observation and communication skills within this course will be minimal but that the Nurse Refresher Course should make the program participant aware of the importance of acquiring such skills. We feel the program did this very well.

The Committee definitely recognizes the need for the individual nurse to be aware of the importance of charting because of the legal implications. We do

feel the program participants were anxious about charting and believe the anxiety level experienced was in proportion to the number of years the program participant had been out of nursing practice. The Committee feels that the Nurse Refresher Course may want to make available an optional learning activity related to this subject matter.

- Objective 5: This is an area we feel "umbrellas" the course content and is the major strength of this program. Each program participant had different needs in relation to the nursing process and these seem to be very well met in the clinical experience. We do not know if the program participants were given an opportunity to actually formulate, implement and evaluate a written patient plan of care in the clinical setting but feel this should be an integral part of the clinical experience.
- Objective 6: Generally, the Committee liked the course organization as it related to this objective. The case studies are excellent. We will speak to emphasizing/de-emphasizing specific content areas in our recommendations.
- Objective 7: A major emphasis in the concept of total patient care is the utilization of community resources for follow-up care. There is a need for nurses re-entering the practice field to be aware of this. Care should be taken, though, to differentiate between the specific and optional needs of the program participants.
- Objective 8: It is the feeling of the Evaluation Committee that the program is successfully meeting this objective due to the Instructors' excellent participation in the clinical settings. We do feel that more options should be built into the actual program design so that we do not have to rely so heavily on the Instructors' competencies for meeting program participants' individual needs.
- Objective 9: From talking with the program participants and observing them in the classroom and the clinical areas, we, as a committee, feel that they have increased knowledge and skills and a lower anxiety level and will be better prepared to enter an orientation program than they were prior to the Nurse Refresher Course. This should not lead one to assume that all program participants, without considering previous nursing experience and time away from practice, will be totally appropriately prepared for a Staff Nurse position or be able to find such a position in an area of limited job availability.

III. INSTRUCTOR EFFECTIVENESS

In general, the Instructors appeared to be very interested and enthusiastic about teaching the course. Materials presented in the course seemed to be presented in a logical sequential manner. All materials seemed to be appropriate for the learning level of the individuals involved. The Instructors seemed to proceed at a pace that was suitable for the majority of the program participants. (There appeared to be a correlation between the time away from the field and the ability to assimilate program materials).

The Instructors did a good job of using appropriate examples and illustrations to clarify subject matter presented in class. Throughout the process, the Instructors encouraged participation in class discussion and demonstration. Through use of this procedure, the Instructors seemed to know when students did not understand the material presented. This is a very important teaching objective and should be maintained in the program regardless of Instructors.

In general, the Instructors appeared to make appropriate provision for the different learning levels and needs of the program participants.

As a Committee, we feel that there was excellent rapport between program participants and Instructors. One of the major successes of the program thus far is the ability for the program participants and Instructors to take advantage of this rapport in the learning process.

IV. GOALS, OBJECTIVES AND MISSION STATEMENTS

The program goals and objectives seem to be very functional in relation to the broad terminal behaviors that the participant is expected to possess as a result of the program. One should keep in mind that the program was initially designed for nurses who wished to retain their license and who had not worked regularly in the last five years.

In some situations, the program may not be totally effective in preparing a nurse who has not been recently employed to return to an active nursing process with ease and confidence. Some individuals may require a more extensive learning experience (due to length of time out or limited practice early in their career) than other individuals.

The program offered to the clientele did seem to be consistent with the overall mission statement of Southeast Community College.

V. RECOMMENDATIONS

1. Goals and Objectives

The Committee feels that an over-all goal statement should be developed for the course and that the major thrust of the course should be specifically defined (medical-surgical nursing? pediatric nursing? obstetrical-gynecological nursing? community nursing?). From this goal statement, more specifically define major content areas as opposed to optional areas. Everyone should be required, though, to go through the general course as defined by the major goal statement.

The Evaluation Committee sees the need for the expansion and use of better defined optional activities for the facilitation of meeting individual needs. Program participants should be made aware of these well-defined optional activities early in the program.

Suggested optional activities might include:

- a. Pediatric nursing.
- b. Obstetrical-gynecological nursing.
- c. Communications.
- d. Community nursing service.
- e. Pharmacology for nurses.
- f. Charting.

The need for many of these optional areas could be directly related to number of years of practice, number of years away from active nursing, and areas of interest. Much of this information could be gathered through use of pre-test, pre-course counseling and/or skill inventory.

2. Assessment

a. Pre-Course Assessment and Evaluation

As a Committee, we feel the need for a formal pre-course assessment to identify the individual needs of the program participants (time away from nursing, areas of interest, number of years of practice, course expectations). Part of this pre-course assessment should include a teacher-student conference. Some of the items from the Nurse Refresher Course survey already developed for the program could be used in the pre-assessment testing process (e.g. Question 11 from survey tool).

b. Skills Inventory

The Committee feels that the development of a skills inventory would be very helpful to the Instructor and the

program participants. It could be used initially to determine skill training needs, mid-course to re-assess training needs and post-course as an evaluation tool.

c. Post-Test

The Committee does see a need in the future for a post-test assessment. If the course does become a State Board requirement for relicensure, it definitely would be appropriate.

3. Instructional Materials

Based on interviews with program participants, the Evaluation Committee feels there is a need for a comprehensive medical-surgical nursing textbook to supplement the learning materials and added availability of related professional materials. Most program participants felt that when materials were needed, there was a limited available supply. (The Committee felt that the number of available professional periodicals was very satisfactory).

VI. CONCLUSIONS

Overall, the Committee was very impressed with the program development, the staff and the ability to meet the program's objectives and with the support facilities being utilized for the program. The Advisory Committee and the staff should be commended for the advanced stage of program development exhibited.

SUMMARY OF QUESTIONNAIRE SENT
TO PARTICIPANTS OF FIRST NURSE
REFRESHER COURSE

Class begun September, 1976
Class completed November, 1976
Questionnaire sent April, 1977

Employment Status:

- 6 working part time
- 2 working full time
- 8 were not interested in employment at this time
 - OR could not find what they wanted
 - OR would seek employment in near future
- 1 did not return questionnaire

Comments regarding value of Nurse Refresher course:

1. It gave me confidence which I would not have had without it.
2. It was a good beginning in filling the 30 year gap, stimulated my interest in more courses for the future.
3. I feel more up to date with nursing, more confident with drug knowledge and at ease with patients.
4. The course gave me confidence to seek employment.
5. It gave me confidence that I can still function effectively as a nurse - also pride in the profession.
6. It gave me confidence to apply anywhere.
7. It filled a void for me that I have had since retiring from nursing.
8. It gave me confidence and renewed my desire to get back into nursing.
9. I gained new knowledge about equipment, drugs, hospital routine, lab values, etc., restored confidence.
10. Helped me to see where I am and where I needed to go.
11. Confidence in myself which also proved I hadn't forgotten everything - brought me up to date.
12. One of the stepping stones in going back to nursing.

SYLLABUS

NAME OF COURSE:

Nurse Refresher

COURSE DESCRIPTION:

A study of current concepts, trends and techniques utilized by the professional nurse as a practicing member of the health care team today.

Course content is organized around case studies of several disease processes and life events which require nursing care. These case studies include review and update of anatomy and physiology, lab values, nutrition, pharmacology, growth and development, nursing procedures and equipment, patient teaching, development of a nursing care plan, and planning for post-hospitalization care. The case studies follow a growth and development continuum from birth to old age and begin with less complex nursing problems and build upon the participant's increasing knowledge to more complex patient problems. The case studies include: (1) the normal newborn; (2) the toddler with a head injury; (3) the adolescent with ulcerative colitis; (4) the young adult with diabetes; (5) the young adult with leukemia and thrombophlebitis; (6) pregnancy, labor, delivery, puerperium and post-partum psychosis; (7) the adult with myocardial infarction and a pacemaker; (8) the older adult with emphysema and congestive heart failure; (9) the older adult with cataract and TUR of the prostate; (10) the elderly patient with arthritis and total hip replacement.

Considerable class time is also spend on nursing as practiced today, the health team, charting, legal responsibilities pertaining to safe and effective practice and leadership skills. Participants also complete the requirements for American Heart Association Certification in performing CPR. Clinical experience is held in hospitals and extended care facilities and begins with observation and orientation and progresses to patient care in medical-surgical units.

FOR WHOM COURSE IS INTENDED:

Inactive Registered Nurses

PREREQUISITES:

Registered nurse with current licensure in the State of Nebraska.

LENGTH OF COURSE:

Eleven weeks

TOTAL CLASS/CLINICAL HOURS PER COURSE:

200 Hours (Class 100 - Clinical 100)

NUMBER OF CLASS/CLINICAL DAYS PER WEEK:

Three days

PURPOSE OF COURSE:

To provide selected experiences in the classroom and clinical setting which will prepare the nurse who has not been recently employed to return to active nursing practice with ease and confidence. The refresher course is considered an initial step in the re-entry process.

INSTRUCTIONAL METHODS:

1. Lecture (instructors and guest speakers)
2. Demonstration and practice in nursing arts laboratory
3. Case Study presentation with group discussion
4. Audiovisual: Films, cassette tapes, transparencies
5. Handouts
6. Course syllabus including expected student performances
7. References - as indicated on outline, library pamphlet file, Nurse Refresher card file
8. Care of selected patients in clinical facilities
9. Clinical conferences
10. Field trips

EVALUATION SYSTEM:

Attainment of objectives for clinical performance

Student's Diary

Instructor's anecdotal notes

CPR Examination for American Heart Association Certification

Participation in and preparation for class

NURSE REFRESHER
COURSE OBJECTIVES

The participant in the course will be able to:

1. Reactivate previously acquired knowledge and skills.
2. Acquire additional knowledge and skills that are included in the nursing role today.
3. Identify current concepts, trends, and legal aspects of nursing practice.
4. Refine observation and communication techniques.
5. Participate as an active member of the health team by utilizing the nursing process to provide individualized patient care.
6. Update knowledge of growth and development principles throughout the life cycle via selected case studies of common disease processes with related clinical application.
7. Develop an awareness of the community resources available for the patient which will provide total care to the infirmed, convalescent and/or homebound.
8. Demonstrate professional responsibility by utilizing the available resources which will aid in the present and ongoing growth process.
9. Progress into an orientation program with ease to become an active member of the health team.

NURSE REFRESHER
EVALUATION FORM

KEY

O = Outstanding
S = Successful
NI = Needs Improvement
NO = Not Observed

COURSE OBJECTIVE	BEHAVIOR	O	S	NI	NO	COMMENTS
1. Reactivates previously acquired knowledge and skills	a. Utilizes previously acquired knowledge and skills as a basis to assess present needs for updating					
2. Acquires additional knowledge and skills that are included in the nursing role today	a. Demonstrates preparation for class by offering applicable input to discussion b. Demonstrates preparation for patient care assignment by completing nursing care plan, medication cards and reviewing assigned procedures and treatments c. Performs nursing skills by utilizing appropriate techniques d. Completes cardiopulmonary resuscitation course					
3. Identifies current concepts, trends and legal aspects of nursing practice	a. Replaces previous concepts with those currently accepted when participating as a member of the health team b. Utilizes knowledge of legal aspects relating to the practice of nursing c. Provides and maintains a safe environment					
4. Refines observations and communication techniques	a. Interprets verbal and non-verbal communication effectively to meet the individual need of the patient					

COURSE OBJECTIVE	BEHAVIOR	O	S	NI	NO	COMMENTS
	b. Utilizes effective communication skills when developing interpersonal relationships with the patient and/or family and all members of the health team c. Charts and reports promptly in clear and concise manner d. Identifies patient and/or family needs and institutes appropriate teaching					
5. Participates as an active member of the health team by utilizing the nursing process to provide individualized patient care	a. Assesses patient needs in order of priority b. Plans and implements appropriate nursing care in an organized and safe manner c. Evaluates nursing actions and institutes appropriate adaptations					
6. Updates knowledge of growth and development principles throughout the life cycle via selected case studies of common disease processes with related clinical application	a. Relates pathophysiology of the disease process, including diagnostic procedures, treatments and medications when planning individualized patient care b. Interprets the effect of diagnostic procedures, treatments, and medications on the patient and institutes appropriate nursing knowledges c. Anticipates possible complications and utilizes appropriate nursing action					
7. Develops an awareness of the community resources available for the patient which will provide complete care to the infirmed convalescent and home-bound.	a. Recognizes need for continued care b. Identifies community resources which best meet the needs of the patient and/or family members	019				

COURSE OBJECTIVE	BEHAVIOR	O	S	NI	NO	COMMENTS
8. Demonstrates professional responsibility by utilizing the available resources which will aid in the present and ongoing growth process	a. Recognizes own strengths and weaknesses b. Identifies own learning needs and selects experiences which will fulfill these needs c. Utilizes appropriate resource materials and persons when applicable d. Seeks and accepts assistance and supervision when necessary e. Completes classroom and clinical responsibilities and utilizes time wisely f. Continually accepts more responsibility g. Guards confidential information					
9. Progress into an orientation program with ease to become an active member of the health team	a. Meets the objectives of this course					

COMMENTS:

INSTRUCTOR: _____

FOLLOWUP: 6 Months:

1 Year:

2 Years:

SOUTHEAST COMMUNITY COLLEGE
LINCOLN CAMPUS
RATING SCALE FOR INSTRUCTION

ADE-76

COURSE NUMBER _____

INSTRUCTOR NUMBER _____

This questionnaire gives you an opportunity to express your views of this course and the way it has been taught. Using the rating scale described below would you please indicate your response to each question. Use only the pencil provided, when you have made your choice fill-in the space between the dotted lines. If you wish to change your response you must erase completely the one you wish to change--mark only one response to each question. When completed give to the person administering the questionnaire.

EXAMPLE OF MARKING YOUR RESPONSE

The face of the person on the moon appears to be a pleasant one

A B C **—** D E

RATING SCALE

- A. STRONGLY AGREE. You strongly agree with the statement as it applies to this course, instructor, or to you.
- B. AGREE. You agree more than you disagree with the statement as it applies to this course, instructor, or to you.
- C. NOT OBSERVED OR DON'T KNOW. This statement does not apply to this course, instructor or you simply are not able to give a response.
- D. DISAGREE. You disagree more than you agree with the statement as it applies to this course, instructor, or to you.
- E. STRONGLY DISAGREE. You strongly disagree with the statement as it applies to this course, instructor, or to you.

PLEASE RESPOND TO THE FOLLOWING QUESTIONS

- | | |
|--|---|
| 1. The materials in this course were organized in a logical, sequential pattern. | A B C D E |
| 2. There was agreement between the objectives of the course and what was actually taught. | A B C D E |
| 3. Adequate classroom time was provided to cover the materials presented in this course. | A B C D E |
| 4. The instructor appeared to be interested and enthusiastic about teaching this course. | A B C D E |
| 5. The instructor used examples and illustrations to clarify materials covered in this course. | A B C D E |
| 6. The instructor seemed to know when students didn't understand the materials presented. | A B C D E |
| 7. My interest in the subject area has been stimulated by my enrollment in this course. | A B C D E |
| 8. The materials presented in this course will help me reach my personal goals. | A B C D E |
| 9. The materials presented in this course will help me reach my occupational goals. | A B C D E |
| 10. The instructor appears to have an understanding and knowledge of the subject matter. | A B C D E |
| 11. I put a lot of individual time and effort into this course. | A B C D E |
| 12. The instructor held my attention and interest. | A B C D E |
| 13. The tuition and fees charged for this course appear to be a reasonable amount. | A B C D E |
| 14. The instructor encouraged participation in class discussion or demonstrations. | A B C D E |
| 15. The method of registering for this course meets with my approval. | A B C D E |
| 16. The instructor appeared to make provisions for the different needs of students. | A B C D E |
| 17. The classroom and its arrangement created an atmosphere which helped the learning situation. | A B C D E |
| 18. In this course I felt free to ask questions or express my opinions. | A B C D E |
| 19. The instructor was courteous and considerate. | A B C D E |
| 20. The instructor appeared to be interested in students as people. | A B C D E |
| 21. As an overall judgement I feel this course was well worth the time, money and effort. | A B C D E |

NURSE REFRESHER STEERING COMMITTEE MEMBERS

ACTIVE MEMBERS

Evelyn Baker
Bryan Memorial Hospital

Betty Biggs
Union College School of Nursing

Bettie Butts
Bryan Memorial Hospital

Shirley Foster
Madonna Professional Care Center

Darlene Hohman
Veterans Hospital

Doris Hutchison
University of Nebraska-College of Nursing

Phyllis Kendle
Southeast Community College

Margaret Pavelka
State Board of Nursing

Jean Powers
Veterans Hospital

CONTRIBUTING MEMBERS

Arlene Gibbon
Inactive Nurse

Nancy Harr
Southeast Community College

Jeaneane Kepler
Inactive Nurse

Sarah Marquardt
University of Nebraska-College of Nursing

Georgia Schaaf
Lincoln-Lancaster County Health Department

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Project Director - Carol Eggland, B.S.N., M.A.

Curriculum Writers - Jill Scott, B.S.N. and Sharlene Knippelmeyer, R.N.

Southeast Community College

ROBERT S. EICHER, Area President

June 10, 1977



Dear Colleague:

For the past 2 years we have been involved in the development and implementation of a Refresher Course for nurses. We received a federal grant through the State Department of Education to develop the course. Two groups (32 in all) have successfully completed the class. A course description is enclosed.

We are ready to share the results of our work with others who would like to have a refresher course in their area. Therefore, we are tentatively planning a workshop entitled "A Nurse Refresher Course for Your Community--How We Did It" for September 28, 29 and 30. We expect to hold it at a Lincoln hotel.

The workshop is intended for prospective instructors of a refresher course, in-service educators and educational planners and coordinators. The objective is to orient the participants to effective utilization of a nurse refresher curriculum, and to assist them in adapting it to their own setting.

Workshop content will include:

- | | |
|------------------------------|-------------------------|
| 1. Background of the Project | 5. Clinical Supervision |
| 2. The Adult Learner | 6. Student Policies |
| 3. The Curriculum | 7. Student Evaluation |
| 4. Using Resources | |

The cost is anticipated to be \$60.00 which will include a copy of the refresher course syllabus and materials, lunches and coffee breaks. CEU's will be awarded.

In order to assist us in further planning, would you respond within two weeks?

Thank you.

Sincerely,

Carol Eggland

Carol Eggland, B.S.N., M.A.
Program Supervisor
Health Adult & Continuing Education

Jill D. Scott

Jill Scott, B.S.N.
Instructor, Nurse Refresher

Phyllis Kendle, R.N.

Phyllis Kendle, R.N., M.A.
Department Chairman
Health Occupation Education Department

rbf

LINCOLN CAMPUS
2120 South 56th, Suite 206
Lincoln, Nebraska 68506

MILFORD CAMPUS
Milford, Nebraska
68405

023

FAIRBURY CAMPUS
10th and K Streets
Fairbury, Nebraska 68352

SYLLABUS

NAME OF COURSE:

Nurse Refresher

COURSE DESCRIPTION:

A study of current concepts, trends and techniques utilized by the professional nurse as a practicing member of the health care team today.

Course content is organized around case studies of several disease processes and life events which require nursing care. These case studies include review and update of anatomy and physiology, lab values, nutrition, pharmacology, growth and development, nursing procedures and equipment, patient teaching, development of a nursing care plan, and planning for post-hospitalization care. The case studies follow a growth and development continuum from birth to old age and begin with less complex nursing problems and build upon the participant's increasing knowledge to more complex patient problems. The case studies include: (1) the normal newborn; (2) the toddler with a head injury; (3) the adolescent with ulcerative colitis; (4) the young adult with diabetes; (5) the young adult with leukemia and thrombophlebitis; (6) pregnancy, labor, delivery, puerperium and post-partum psychosis; (7) the adult with myocardial infarction and a pacemaker; (8) the older adult with emphysema and congestive heart failure; (9) the older adult with cataract and TUR of the prostate; (10) the elderly patient with arthritis and total hip replacement.

Considerable class time is also spend on nursing as practiced today, the health team, charting, legal responsibilities pertaining to safe and effective practice and leadership skills. Participants also complete the requirements for American Heart Association Certification in performing CPR. Clinical experience is held in hospitals and extended care facilities and begins with observation and orientation and progresses to patient care in medical-surgical units.

FOR WHOM COURSE IS INTENDED:

Inactive Registered Nurses

PREREQUISITES:

Registered nurse with current licensure in the State of Nebraska.

LENGTH OF COURSE:

Eleven weeks

TOTAL CLASS/CLINICAL HOURS PER COURSE:

200 Hours (Class 100 - Clinical 100)

NUMBER OF CLASS/CLINICAL DAYS PER WEEK:

Three days

PURPOSE OF COURSE:

To provide selected experiences in the classroom and clinical setting which will prepare the nurse who has not been recently employed to return to active nursing practice with ease and confidence. The refresher course is considered an initial step in the re-entry process.

INSTRUCTIONAL METHODS:

1. Lecture (instructors and guest speakers)
2. Demonstration and practice in nursing arts laboratory
3. Case Study presentation with group discussion
4. Audiovisual: Films, cassette tapes, transparencies
5. Handouts
6. Course syllabus including expected student performances
7. References - as indicated on outline, library pamphlet file, Nurse Refresher card file
8. Care of selected patients in clinical facilities
9. Clinical conferences
10. Field trips

EVALUATION SYSTEM:

Attainment of objectives for clinical performance

Student's Diary

Instructor's anecdotal notes

CPR Examination for American Heart Association Certification

Participation in and preparation for class

____ Yes, I am very interested in attending "A Nurse Refresher Course For Your Community-How We Did It"---Please send me further information in July.

NAME

POSITION

ADDRESS

CITY

____ I do not know if I will be able to attend, but please send me further information in July, as I am interested.

NAME

POSITION

ADDRESS

CITY

____ The following person(s) may be interested in this workshop; please send information to:

1. My community (has) (needs to have) a refresher course.
2. I am involved in providing continuing education for health professionals.
(Yes) (No)
3. I am an (instructor) (program planner) (inservice educator) (_____).
4. I have taken some workshops or courses in adult education. (Yes) (No)
5. I (have) (have not) been an instructor of nurses.

Return to:

Carol Egglund, B.S.N., M.A.
Program Supervisor
Health Adult & Continuing Education
Southeast Community College
Lincoln Campus - Bryan Center
1801 So. 40 Street
Lincoln, NE 68506

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit I Introduction

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify expectations of the instructor and participant in the nurse refresher course.	Unit I Introduction A. Overview 1. Course Description 2. Course Objectives 3. Facilities a. Classrooms b. Practice Lab c. Clinical d. Library 4. Evaluation a. Clinical objectives 5. General Information a. Uniforms b. Parking c. Student policies (1) Illness	Handout: Course Outlines Case Studies Discuss: Course Objectives Clinical Tour Facilities: Classrooms Practice Laboratory Library	The nurse can: 1. Identify what is expected of him/her in this course. 2. Become familiar with his/her surroundings.
Recognize the needs, problems and methods utilized to update the nurse refresher student.	B. Operation Retread 1. Steps a. Orient to changing role b. Update knowledge and skill c. Learn new procedures d. Practice to gain confidence 2. Problems a. Lack of time to learn b. Fear of failure c. Institutional barriers	Group discussion: Rationale for updating knowledge and ongoing process Read: Smith, Joyce M., Sharing "Half Century Retread", <u>Nursing 76</u> , March, pp. 61- Rust, Hazel, "Take a Refresher? Of Course", <u>RN</u> , Dec. 69, pp. 49-51.	The participant is able to discuss feelings about updating nursing knowledge.

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COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit I Introduction

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify educational growth process which has already occurred in relation to everyday encounters over the past.	3. Ongoing Education a. Journals b. Procedure reference c. Medical dictionary d. Nursing textbooks 4. Present Awareness a. Acquired informal knowledge b. Refresh studying skills	Blackboard Demonstration with group participation: 1. What I know has happened regarding changes in nursing. 2. What I know I need to know in relation to what has changed in nursing. <u>"How to Study" Module #2, A Refresher Course for Registered Nurses, p. 101, DHEW Pub. No. (HRA) 74-35.</u>	The participant is able to recognize educational growth process which has already occurred from everyday encounters over the past.

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COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the services available in a modern day health care center.	Unit II Update in Nursing A. Changes in Health Care Centers 1. Ancillary a. Gift shop, Volunteers b. Housekeeping 2. Paramedical a. Dietary b. X-ray - Radiation c. Laboratory d. Physical Therapy e. Occupational Therapy f. Research g. Cardio-pulmonary (Inhalation Therapy) h. Central Supply (SPD) i. Pharmacy (Unit dose) j. Medical Records k. Social Services 3. Automation a. Pneumatic tubes b. Communication center c. Paging system d. Electrical beds e. Time clocks f. Computers 4. Manpower a. Delegation of duties b. Technician	Film: St. Elizabeth Hospital Film—"Human Factor" Tour of Hospitals for clinical experience	List the nurses' role in relation to the following services: 1. ancillary 2. paramedical 3. automative 4. administrative 5. specialty units

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COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the pros and cons of the hospital providing education versus educational institution in relation to the patient bearing the cost versus society through taxes. 035	d. Pediatric e. Orthopedic f. Obstetrics (1) Delivery Room (2) Post Partum (3) Nursery: Neonatal I.C. g. Gynecology h. Operating Room i. Emergency Room 8. Architectural Design a. Hospital structures b. Physician's offices c. Clinic d. Outpatient - Surgicenter 9. Satellite Hospitals a. Small Community Hospital - utilizing services of larger within another area. 10. Educational Programs a. Medical b. Nursing c. Hospital Administrator d. Medical social worker e. X-ray, Laboratory and OR Technician f. Anesthesia g. Dietitian h. Inhalation therapy i. Other	Transparency: Single Corridor Double Corridor T-shape Circular Pod or Quad System Freisen Method Discuss: Changing educational setting; cost, location.	List the various educational programs utilizing the hospital setting. List the changes which have occurred in the educational setting including who carries the cost.

SOUTHEAST COMMUNITY COLLEGE-LINCOLN CAMPUS

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COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher
Unit II Update in Nursing CREDIT HOURS _____

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify economic, community, technological and legislative changes affecting nursing.	B. Changes Affecting Nursing 1. Economic a. Sociological (1) Inflation on the part of the consumer b. Hospital (1) Increased costs (2) Increased services 2. Community a. Health education 3. Health resources a. Research and treatment facilities b. Extended care facilities c. Governmental agencies (1) Public health d. Vocational rehabilitation centers 4. Health Team a. Referrals 5. Technological a. Specialization (1) Diagnostic (2) Treatment 6. Legislation a. Federal (1) Nurse Training Act-1964 (funds for education)	Read: Stryker, Ruth, <u>Back to Nursing</u>, "Changes in Our Society Affecting Nursing", pp. 11-20. French, <u>Dynamics of Health Care</u>, pp. 67-81. Transparency: "The Team Approach to Patient Care" Brunner, Suddarth, <u>Textbook of Medical-Surgical Nursing</u>, 3rd, Ed. p. 5. Read: Creighton, Helen, <u>Law Every Nurse Should Know</u>, 3rd Ed., pp. 14-22, Appendix 267-271, 119-120, 143.	The participant is able to identify the changes affecting nursing in relation to the following: 1. Increased expense to the consumer and health care center. 2. Public awareness of health needs and expected care. 3. Scientific advancements 4. Increase in number and location of population. 5. Advance in individual health care demand and expectation. 6. Utilization of technological advances and equipment. 7. Team concepts in health delivery. 8. Increase in need for health professionals. 9. Utilization of supportive health occupations. 10. Legislation affecting health

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COURSE OUTLINE

COURSE NUMBER COURSE TITLE Nurse Refresher CREDIT HOURS
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	(2) Manpower Development and Training Act - 1964 (funds for refresher courses) (3) Title VI - Civil Rights Act - 1964 (care given without discrimination if receiving federal funds) (4) Title XVIII and XIX - Social Security Amendment - 1965 (Medicare-Medicaid health care to persons over 65 regardless of financial status) (5) Cancer Heart Disease and Stroke Amendment - 1965 (Regional Medical Program - Information to Outlying Areas) (6) Comprehensive Health Planning and Services Act - 1966-67 (State planning in health services, facilities and manpower)	Stryker, Ruth, <u>Back to Nursing</u>, "The Law and Nursing Practice", pp. 335-341. For further reference suggestions: Check Nurse Refresher Card File Box entitled "Legal and Ethics"	care centers, education and manpower. Participate in a group discussion of the federal and state laws governing nursing practice.

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COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify pros and cons of mandatory versus voluntary continuing education in relation to the direction Nebraska is taking. Recognize the trends in nursing education today. 041	b. State (1) Nursing Practice Act - Board of Nursing Examiners - Requirements for Licensure - Revocation of License (2) Definition of Registered Professional Nurse (3) Negligence and Malpractice (4) Continuing Education - CEU (Continuing Education Units) - Mandatory Versus Voluntary c. Changes in Nursing Education 1. ANA Position Paper - 1965 a. Utilize institutions of higher learning b. Minimum preparation for beginning professional nursing practice - BSN c. Minimum preparation for beginning technical nursing practice - ADN d. Assistants in health service occupations -	Vertical File Read: Nebbraska Nursing Practice Act Kelly, Lucie Young, "Keeping Up With Your Legal Responsibilities" <u>Nursing 76</u>, March, pp. 81-93 Lecture: Director of State Board of Nursing Read: Stryker, <u>Back to Nursing</u>, "Nursing Education Programs of Today". pp. 59-76 Judge, Diane, "The New Nurse: A Sense of Duty and Destiny", <u>Nursing Digest</u>, November-December 1975, pp. 20-24	Tell what is included in the State Nursing Practice Act. List one way an R.N. may lose her license. See Page 3 for related content (Educational) 042

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the various educational programs in nursing today.	short, intensive pre-service programs in vocational centers 2. Types of Nursing Programs - LPN - LVN - Diploma - RN - Associate Degree - RN - Baccalaureate in Nursing - BSN - Non-Nursing Degree - Post-Graduate-Masters, Doctorate 3. Teaching Methods - Programmed learning - Audio visual - Concepts and principles - Individualized instruction - Wellness - illness continuum		Tell the various programs available in nursing.
Identify the function of the nurse in a variety of present day roles.	D. Changes in Nursing Role - Job Titles - Descriptions - Director of Nursing Service - Assistant Director of Nursing Service - Supervisor - Clinical Coordinator - Head Nurse - Team Leader - Staff Nurse - Expanded Role of the Nurse - Clinical Specialist - Nurse Practitioner	Vertical File: "Job Descriptions" Discuss: Qualifications Duties and Functions Read: Stryker, Back to Nursing, "Present Patterns of Nursing" pg. 38	List the nurse's role as it relates to interaction with all members of the nursing team.

043

044

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Increase knowledge and skills of nursing practices and procedures. Recognize the purpose of the nurse-patient relationship. Utilize the nursing process when providing care to selected patients. 045	3. Related Personnel Roles a. LPN - LVN b. Nursing Assistant - Technician (1) Aide - Orderly c. Unit - Ward Secretary d. Physician's Assistant E. Changes in Nursing Practices and Procedures 1. Nurse-Patient Relationship a. Purpose (1) Gather information (2) Provide information (3) Identify needs and problems (4) Allow patient to ventilate feelings (5) Develop rapport b. Communication (1) Verbal (2) Non-Verbal 2. Nursing Process a. Assessment b. History c. Care Plan d. Action e. Evaluation f. Adaptation	Georgopoulos, Basil S. and Christman, Luther, "The Clinical Nurse Specialist: A Role Model", <u>AJN</u> 1970, 5:1030-1039 Read: Stryker, <u>Back to Nursing</u>, "The Registered Nurse at Work", pp. 81-99 Read: "Nursing History", <u>A Refresher Course for Registered Nurses</u>, pp. 316-318, DHEW (Pub. #HRA) 74-35 Discuss: Admission Interview	Tell the advantages of developing a workable nurse-patient relationship. Develop a workable nurse-patient relationship while caring for selected patients. List and define 2 methods of communication. Tell what is included in the nursing process. Outline what is included in a nursing care plan. 046

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the methods of assignment making in nursing.	3. Patient Assignment a. Case b. Functional c. Team Nursing (1) Delegation of Care (2) Nursing Care Conference d. Primary Nursing (1) Total Patient Care	Role Play: 1. Performing a nursing history 2. Developing a nursing care plan Read: Shafer, Sawyer, McCluskey, Beck, Phipps, <u>Medical-Surgical Nursing</u>, 6th ed., "The Patient and the Nurse", pp. 3-16 OR: Brunner and Suddarth, <u>Textbook of Medical-Surgical Nursing</u>, 3rd ed., pp. 1-11 Read: Kramer, Marlene, "Team Nursing - A Means to an End?", <u>Nursing Outlook</u>, 10:71, pp. 648-652 Daeffler, Reidun Jurkam, "Patient's Perception of Care Under Team Nursing and Primary Nursing", <u>Nursing Digest</u>, Summer, 1976 pp. 47-49 Transparency: "Nursing Organization Traditional -Team Nursing" pg. 139 Module #9 "A Refresher Course for RN's" DHEW Pub. #(HRA) 74-35	Utilize the nursing process while caring for selected patients. List 4 methods utilized in making patient assignments. Define team nursing. Function effectively as a member of the nursing team while caring for selected patients.
Identify the methods and resources available to the nurse in relation to patient-family teaching.	4. Patient-Family Teaching a. Methods (1) Formal (2) Informal		Define formal and informal patient-family teaching.

COURSE OUTLINE

COURSE NUMBER COURSE TITLE Nurse Refresher CREDIT HOURS
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the legal boundaries involved in charting by a nurse.	b. Resources c. Evaluation d. Whose responsibility?	Read: Stryker, <u>Back to Nursing</u>, "Teaching Today's Patient", pp. 103-115 Bowe, Agnes B., "Beyond Procedures - Incidental Teaching", <u>Nursing Outlook</u>, November 1958, pg. 628 Russell, Robert B., "View From the Pillow", <u>American Journal of Nursing</u>, December 1961, pg. 88	Perform appropriate patient-family teaching while caring for selected patients. Utilize resources while performing patient-family teaching.
	5. Charting - Records a. Formal b. Informal c. POMR (Problem-Oriented Medical Records) d. Legal Responsibility (1) Incident Report (2) Technique	Read: Creighton, Helen, <u>Law Every Nurse Should Know</u>, Appendix: "Legality of the Problem-Oriented Chart", pp. 308-309 Kerr, Avice H., "Nurses Notes: That's Where the Goodies Are", <u>Nursing</u> 75, February, pp. 34-41 Hershey, Nathan, "Nurses Notes -- They Can Play a Critical Role in Court", <u>AJN</u>, November 1969, pp. 2403-5 Hershey, Nathan, "Patient Records, Incident Reports", <u>AJN</u>, September 1969, pp. 1931-2 Price, Alice L., <u>A Handbook and Charting Manual for Nurses</u>, 5th ed., pp. 191-206	Utilize the accepted techniques for charting and recording when performing on the clinical area.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the changes and/or new equipment and supplies utilized in nursing today.	6. Equipment and Supplies - Disposables - Prepackaging - Patient Unit - Nursing Station - Equipment used for Treatment	Handout: List of Appropriate Medical Abbreviations Practice Lab: Charting review Review Sample Charts and Records Transparency: Hospital Incident Report Form Read: Stryker, <u>Back to Nursing</u>, pp. 145-167 Practice Lab: Display of specific equipment and supplies Hospital Tour: Special equipment and supplies	Develop a working knowledge of equipment and supplies while performing nursing care to selected patients.
Identify the nurse's role in relation to safe administration of medications.	7. Therapeutic Agents - Drugs - Action - Dose - Route of Administration - Expected Reaction - Side Effects - Review of Weights and Measures	Read: Stryker, <u>Back to Nursing</u>, pp. 168-183 Conway, Mandelco, Trufant, Scoblic, "The Seventh Right", <u>AJN</u> 1970, 5:1040-1043 Films: "An Ounce of Prevention" "The Best of Care"	Utilize the accepted techniques for safe administration of medications with selected patients for whom they have been ordered.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the nurse's role in relation to safe administration of intravenous solutions and medications. To be able to identify a victim of cardiac arrest and correctly administer cardiopulmonary resuscitation.	c. Review of Arithmetic Conversions d. Calculation of Dosage and Solutions e. Preparation and Administration (1) Oral (2) Injection - Subcutaneous - Intramuscular - Intradermal (3) Topical (4) Inhalation (5) Rectal (6) Instillation of Drops f. Intravenous Therapy (1) Medications (2) Solutions (3) Technique (4) Precautions F. Cardio-Pulmonary Resuscitation - Reducing Deaths Due to Heart Attack 1. Time Factor a. Clinical death b. Biological death 2. Out of Hospital Deaths Reduction a. Risk factors (1) Heredity (2) Obesity (3) Smoking (4) Diet	Handout: "Table of Approximate Equivalents" Read: Kurdi, William, "Refining Your IV Therapy Techniques", <u>Nursing</u> 75, November, pp. 41-47 Discuss: IV Procedure Lecture: Pharmacist - Unit Dose See Case Studies for Intradermal Inhalation, rectal, instillation of drops and Insulin. Abbott Labs resources Basic Life Support course presented by a certified instructor. Read Handouts "Summary of Standards" "Your Heart Has Nine Lives" - American Heart Association Teaching Aids American Heart slide set or "Pulse of Life" Resusci-Anne	Utilize the accepted techniques for safe administration of intravenous solutions and medications while performing on selected patients for whom they have been ordered. Differentiate between clinical and biological deaths. Discuss risk factors. Describe warning signs and symptoms of a heart attack.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	b. Early Warning Signs (1) Chest pain (2) Nausea (3) Weakness (4) Sweating c. Increasing Knowledge and Skills of Basic Life Support Among Public (everyone) (1) Immediate help (2) 4 minute delay - 50% less successful (3) 10 minute delay - minimal success d. Community Emergency Systems - 911 e. Family Emergency System (1) Delay factors - - patient denial - physician denial 3. How to Recognize an Arrest a. Feel b. Listen c. Look d. Skin Color 4. Common Causes of Sudden Death a. Heart attack b. Drowning c. Anesthesia d. Electric shock e. Sensitivity reactions f. Asphyxia	Demonstration/Lecture	Discuss community and family emergency plans. Explain factors causing delay in treatment. Demonstrate correct method for recognizing a cardiac arrest. List 6 common causes of cardiac arrest. Given a resuscitation manikin and working as a single rescuer, correctly perform CPR for a period of four minutes. Working as a team with a classmate, correctly perform CPR as a team for two minutes in each position. Change positions without delay in cardiac positions. List signs of success. Discuss special CPR problems relating to drowning, electrocution, tracheostomies, and fractures.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
057	5. Emergency Management of the Unconscious Victim a. Establish airway (1) Tilt head backward (2) Lift neck slightly, jutting jaw forward b. Breathe for Patient (1) Seal patient's nose (2) Seal mouth over patient's mouth (3) Blow four full breaths quickly c. Obvious Obstruction (1) Clear mouth (2) Sharp slaps on back d. Circulation - if no pulse - External Cardiac Compression (1) Check carotid pulse (2) Compress chest - firm surface - proper location of hands - correct body position of rescuer - depress sternum 1½-2" - hold briefly		058

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	- release - keep heel of hand on chest - Repeat - 60-80 times/minute - single rescuer 15 - compressions to 2 breaths - two rescuers (rescuers on opposite sides) 5 compressions to 1 ventilation e. Technique for Children (1) Less pressure - - $\frac{1}{2}$-$\frac{3}{4}$" - one hand (2) More rapid compression - child 15-20 ventilation - 80-100 compressions - infant 20-30 ventilations 100-120 compressions f. Signs of Success (1) Pupils constrict (2) Color improves (3) Carotid pulse felt (4) Spontaneous respiration		

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit II Update in Nursing

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	g. Miscellaneous CPR instructions (1) Drowning victims (2) Tracheostomy resuscitation (3) Complications - distention - flail chest - fractured ribs - fractured neck - electrocution		

SOUTHEAST NEBRASKA TECHNICAL COMMUNITY COLLEGE
MEDICAL TERMINOLOGY
ABBREVIATIONS

ABBREVIATION MEANING

.	Of each
abd.	abdomen
a.c.	before meals
a.d.	add
A.D.	right ear
ad. lib.	as desired
alt. dieb.	every other day
alt. hor.	every other hour
alt. noc.	every other night
a.m.	morning
amt.	amount
A.P.	anterior-posterior & Ante-Partum
A & P	auscultation and percussion
aq.	water or aqueous
aq. dist.	distilled water
A.S.H.D.	Arteriosclerotic Heart Disease
A.S.	left ear
A.V.	Atrioventricular Node
ax.	axillary
Ba	Barium
Ba. En.	Barium Enema
l.d.	twice daily
bil.	bilateral
B.M.	bowel movement
B.M.R.	Basal Metabolism Rate
B. & O.	Belladonna and Opium
B.P.	Blood Pressure
B.R.P.	Bathroom Privileges
C.	Centigrade
c	with
c.c.	cubic centimeter
	chief complaint
Ca.	calcium/cancer
Cap.	capsule
C.C.U.	Coronary Care Unit
Comp.	compound
C.H.F.	Congestive Heart Failure
C.I.	Cardio-Insufficiency
Cl.	chloride
Cm.	Centimeter
C.N.S.	Central Nervous System
Co.	carbon monoxide
CO ₂	carbon dioxide combining power
C.P. Lab.	Cardio-pulmonary Lab.
C.S.	Central Service/Cesarean Section
C.V.	Cardiovascular

ABBREVIATION MEANING

C.V.A.	Cerebrovascular Accident
Cysto	Cystoscopic examination
D.C. or (disc.)	Discontinue
D. & C.	Dilation and Curettage
D.D.	Delivery Day
Derm.	Dermatology
dil.	dilute or dissolve
Dil.	Dilatation
diff.	Differential
div.	Divide
dr.	dram
Dr.	Doctor
D.R.	Delivery Room
D.T.	Delerium Tremens
Dx.	Diagnosis
E.C.F.	Extended Care Facilities
E.C.G. or E.K.G.	Electrocardiogram
E.D.C.	Expected Date of Confinement
E.E.G.	Electroencephalogram
eg.	for example
elix.	Elixir
E.R.	Emergency Room
et.	and
E.N.T.	Ears, Nose, Throat
E.S.T.	Electro-shock Therapy
E.U.A.	Examination Under Anesthesia
ext. fl.	Fluid extract
F.	Fahrenheit
F.H.	Family History
F.H.S. or F.H.T.	Fetal Heart Sounds/or Fetal Heart Tones
fl.	fluid
ft.	feet or foot
Fx.	Fracture
Gb.	Gallbladder
G.C.	Gonococcus
G.I.	Gastrointestinal
gm.	gram
gr.	grain
gtt.	drop
gtts.	drops
G.U.	Genitourinary
GYN	Gynecology
H.	Hypodermic
h.	hour
H.D.	Hearing Distance
H. & P.	History and Physical

ABBREVIATION	MEANING
H.S. -----	Hour of Sleep
ht. -----	height
I.C.U. -----	Intensive Care Unit
id. -----	the same
i.e. -----	that is
I.M. -----	Intramuscularly
in. -----	inch
I. & O. -----	Intake and Output
I.P.P.B. -----	Intermittent Positive Pressure Breathing
I.P.H. or P.I.D. -----	Inflammatory Pelvic Disease
I.V. -----	Intravenous
I.V.P. -----	Intravenous Pyelogram
I.T. -----	Inhalation Therapist
K. -----	Potassium
K.C.L. -----	Potassium Chloride
Kg. -----	Kilogram
K.U.B. -----	Kidney, Ureter, Bladder
L. -----	Liter
L.A. -----	Left Atrium
Lab. -----	Laboratory
Lam. -----	Laminectomy
lat. -----	lateral
. -----	pound
lbs. -----	pounds
L.D. -----	Left Deltoid
L.G. -----	Left Gluteal
L.L.Q. -----	Lower Left Quadrant
L. M. P. -----	Last Menstrual Period
L.P. -----	Lumbar Puncture
L.R.Q. -----	Lower Right Quadrant
lt. -----	Left
L.T. -----	Left Thigh
L.V. -----	Left Ventricle
M. -----	Minim
m.c.g. -----	microgram
M. Eq. -----	Milliequivalent
mg. -----	milligram
M.H. -----	Marital History
M. I. -----	Myocardial Infarction
	Mitral Insufficiency
min. -----	minute
ml. -----	milliliter
m.m. -----	millimeter
M.S. -----	Multiple Sclerosis
a. -----	Sodium
NaCl. -----	Sodium Chloride

ABBREVIATION	MEANING
N.B. -----	Newborn
N.c. or noc. -----	night
neg. -----	negative
Neuro -----	Neurology
n/g -----	Nasogastric Tube
N.N.O. -----	Night Nurse Order
N.O. -----	Nurses Order
N.P.O. -----	Nothing per Mouth
No. -----	Number
O ₂ -----	Oxygen
O. -----	orally
O.B. -----	Obstetrics
O.D. -----	right eye
Op. D. -----	Operative Day
oph. -----	Ophthalmology
O.R. -----	Operating Room
Orth. -----	Orthopedics
os. -----	mouth
O.S. -----	left eye
O.U. -----	each eye
oz. -----	ounce
P. -----	Pulse
P.A.R. -----	Post Anesthesia Room
P. & A. -----	Posterior and Anterior
Pap stain -----	Papanicolaou stain
Path. -----	Pathology
p.c. -----	After meal
Pedi. -----	Pediatrics
per -----	by
P.H. -----	Past History
P. I. -----	Present Illness
P.I.D. -----	Pelvic Inflammatory Disease
P.K.U. -----	Phenylketonuria
P.M. -----	afternoon
P.M.P. -----	Previous Menstrual Period
P.O. Day -----	Postoperative Day
P.P. -----	Post Partum
P.P.B. -----	Positive Pressure Breathing
p.r.n. -----	whenever necessary
P.T. -----	Physical Therapy
P.V.C. -----	Premature Ventricular Contractions
q. -----	every
q.d. -----	everyday
q.h. -----	every hour
q. 2h. -----	every 2 hours
q.i.d. -----	four times a day
Q.N.S. -----	Quantity not Sufficient
q.o.d. -----	every other day

ABBREVIATION	MEANING
q.s. -----	sufficient quantity
qual. -----	Qualitative
-----	rectal, respiration or right
R.A. -----	Right Atrium
Rad. -----	Radiology
R.D. -----	Right Deltoid
R.G. -----	Right Gluteal
R.L.Q. -----	Right Lower Quadrant
R.O.M. -----	Range of Motion
rt. -----	right
R.V. -----	Right Ventricle
R _x -----	take/prescription
S.A. -----	Sinoatrial
Sig. -----	let it be labeled
S.M.R. -----	Submucous Resection
S.O.B. -----	Short of Breath
sol. -----	Solution
Sp. Gr. -----	Specific Gravity
spec. -----	Specimen
S.S. -----	Soap Solution
stat -----	at once
subcu. -----	subcutaneous
S.V.C. -----	Superior Vena Cava
Syr. -----	Syrup
-----	Temperature
T. & A. -----	Tonsillectomy and Adenoidectomy
tab. -----	tablet
T.B. -----	Tuberculosis
tbsp. -----	tablespoon
T. & CM -----	Type and cross match
t.i.d. -----	three times a day
tinc. -----	tincture
T.O. -----	Telephone Order
T.P.R. -----	Temperature, Pulse, Respiration
ts. -----	teaspoon
T.U.R. -----	Transurethral Resection
T.U.R.P. -----	Transurethral Prostatectomy,
UA -----	Urinalysis
U. -----	Unit
U.G.I. -----	Upper Gastrointestinal x-ray
U.L.Q. -----	Upper Left Quadrant
Ung. -----	Ointment
U.R. I. -----	Upper Respiratory infection
Uro. -----	Urology
U.R.Q. -----	Upper Right Quadrant

ABBREVIATION	MEANING
vag. -----	vaginal
V.D. -----	Veneral Disease
V.D.R.L. -----	Veneral Disease Research Laboratory
V.O. -----	Verbal Order
Vol. -----	volume
V.P. -----	Venous Pressure
V.S. -----	Vital Signs

wt. -----	weight
x -----	cross match for blood transfusion

SYMBOL	MEANING
$\bar{a}$ -----	before

@ -----	at
---------	----

o -----	degree
---------	--------

$\mathcal{Z}$ -----	dram
---------------------	------

# -----	number, pound
---------	---------------

$\mathcal{Z}$ -----	ounce
---------------------	-------

% -----	per cent
---------	----------

1 $\overline{ss}$ -----	one and one-half
-------------------------	------------------

$\bar{c}$ -----	with
-----------------	------

$\bar{s}$ -----	without
-----------------	---------

$\bar{p}$ -----	after
-----------------	-------

$\overline{ss}$ -----	one-half
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NURSE REFRESHER

CONTENT INCLUDED

A. Normal Newborn Content

1. Anatomy and Physiology
2. Weight and Measurements of Newborn
3. Reflexes
4. Growth and Development
5. Nutrition
6. Laboratory Tests

B. Care of the Newborn

1. Apgar Scoring System
2. Eye Care
3. Nursery
4. Aseptic Technique
5. Formulas
6. Community Resources

C. Normal Toddler and Young Child

1. Growth and Development
2. Nutrition
3. Play Activity
4. Accident Prevention
5. CPR Class with Certification
6. Reaction to Hospitalization
7. Nursing History
8. Physical Assessment
9. Pre-op Preparation
10. Medication Administration

11. Intravenous Administration
12. Communicable Diseases
13. Immunizations

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Normal Newborn Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Review of previously acquired knowledge and skills. Describe the normal respiratory system of the newborn. Discuss the circulatory system and its contribution to the normal newborn.	<u>Normal Newborn Case Study</u> 1. Physiology a. Respiratory System 1) Initiation Theory 2) Normal rate and character 3) Related data - color - mucous - dyspnea and cyanosis - abdominal and nose breathing - description of cry - loud and lusty - measurement of chest b. Circulatory System 1) Total blood volume 2) Peripheral circulation 3) Heart rate 4) Increased RBC's at birth 5) Physiologic jaundice - Icterus Neonatorum - c. Temperature and Metabolic Adaptations 1) Environment 2) Caloric and fluid requirements	Fitzpatric, <u>Maternity Nursing</u>, "Care of the Newborn Infant". pp. 345-358 Characteristics of the Normal Neonate Filmstrips and Cassettes Lecture and Discussion See card file under "Infant" for resources for this unit. Measure chest of baby doll.	Explain the initiation theory of breathing in the newborn. Tell the normal rate and character of breathing in the newborn. Describe the relationship between breathing and color of the newborn including dyspnea, cyanosis and presence of mucous. Describe how the newborn cry should sound. Describe the normal heart rate range. Explain the relationship between physiological jaundice (icterus neonatum) and destruction of RBC's.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Normal Newborn Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the relationship of the nervous system development in regard to normal newborn reflexes. Identify the role of the gastrointestinal system in the normal newborn.	d. Nervous System 1) Reflexes - Moro - Startle (Absence: brain damage immature - rooting - tonic neck - sucking - swallowing - gag - grasp - stepping or dance - blinking - cough and sneeze - yawn e. Gastrointestinal System 1) Mouth - sucking pads 2) Stomach - feeding capacity - underdeveloped cardiac sphincter-need for "bubbling" 3) Intestines - longer proportionately than adults - regurgitation - projectile vomiting - stools - meconium - 8-10 hours after birth - transitional report if stool absent beyond 24 hours - possible	Haynes, Ulna, <u>A Developmental Approach to Case Finding</u>, USD HEW Chapter III - Major Components of Appraisal of Infant and Young Children, pp. 11-44 Chapter IV - Procedures and Devices for Appraisal, pp. 45-56	Relate the normal temperature of the newborn to rationale for rapid decrease. Describe the normal newborn's caloric and fluid requirements. Define the reflexes demonstrated by the normal newborn. List 2 reasons why reflexes: startle - Moro may be absent. Tell the stomach capacity of the normal newborn. List the rationale for regurgitation. Describe projectile vomiting and the related rationale. Define a meconium stool and tell when it should occur. List rationale for absence of meconium stool.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Normal Newborn Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
Discuss the genito-urinary system and its function in the newborn.	intestinal obstruction or imperforate anus 4) Physiological weight loss - 5-10% of birth weight - weight of newborn 5) Abdominal organs and muscles f. Genito-Urinary System 1) Voiding - frequently occurs during delivery - report if absent beyond 24 hours - possible urinary obstruction or imperforate meatus - reddish color may be due to increased uric acid - normal 2) Pseudo menstruation 3) Phimosis 4) Circumcision 5) Breast engorgement - hormonal effects g. Skin 1) Color - changes with poor peripheral circulation 2) Vernix caseosa 3) Mucosa 4) Erythema Toxicum 5) Milia 6) Dry	Weight baby doll "Examining the Skin", <u>Nursing 73</u>, 3:39-43	Describe the normal range of weight loss. Identify why newborn's abdomen appears large and flabby. Relate when first voiding should occur. List rationale for absence of voiding. Define: - pseudo menstruation - phimosis - circumcision List rationale for breast engorgement. Relate the normal color and appearance of the skin with rationale for changes.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Normal Newborn Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the normal and abnormal characteristics of the head in the newborn.	h. Head 1) Normal measurement 2) Molding 3) Caput succedaneum 4) Cephal hematoma 5) Anterior - Posterior Fontanel - usual closure time - edema - dehydration i. Tests 1) PKU 2) Bilirubin	Measure head of baby doll.	Describe the normal appearance of the head of the newborn. Explain the usual time it takes for the fontanel to close.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Care of the Newborn

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the needs of the newborn immediately after delivery.	<u>Care of the Newborn</u> 1. Immediate a. Suctioning of oral and nasal passages b. Clamping and cutting the cord c. Position and environment 1) Head down to drain oral pharyngeal and respiratory tract of mucous 2) Sterile heated crib d. Apgar scoring system 1) Evaluates condition at birth e. Eye care 1) Prophylactic treatment - Neonatum ophthalmia - silver nitrate drops f. Identification 1) Bracelet or anklet 2) List mother's surname and initial 3) Duplicates - one on mother - one or two on newborn 4) Palmprint or footprint of newborn 5) Thumbprint of mother	Read: Fitzpatrick, <u>Maternity Nursing</u> , pp. 273-278 and 358-399, pg. 543 Discussion and Lecture <u>Manual of Newborn Care at Grady Memorial Hospital</u> RJ 253 F4 Film "Apgar on Apgar" "Resuscitation of the Newborn" "The Apgar Score and its Meaning for a Newborn" <u>American Baby</u> , 37:19+AP '75 "The Case of the Nearly Mixed-up Babies", <u>RN</u> , 37:31, Oct. '74	Relate the purpose of suctioning the nose and mouth to when it is performed. Describe the position of the newborn in its crib including the rationale. Define Apgar scoring system of the newborn and identify its purpose. Explain the rationale for instilling silver nitrate in newborn's eyes.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Care of the Newborn

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
Describe the usual procedure in caring for the newborn in the nursery.	2. Nursery a. Admission bath b. Vital signs c. Weigh and measure d. Observations e. Daily care		Describe the admitting procedures utilized in the nursery when receiving the newborn. Recall normal head and chest measurements of the newborn.
Identify methods utilized to prevent infection in the newborn.	3. Prevention of Infections a. Aseptic technique 1) Nursery personnel b. Handwashing c. Self-contained cribs d. Sponge bath with detergent containing Hexachlorophene e. Physical care 1) Cord 2) Circumcision 3) Weight f. Environment 1) Free from draft g. Parent education	<u>Isolation Technique</u> <u>Infection Control</u> <u>Medical Asepsis</u> Filmstrips	Describe what is included in daily care of the newborn in the nursery. Describe the methods utilized to prevent infection in the newborn.
Recognize the nurse's responsibility in relation to infection control in the hospital setting.	4. Mother and her Newborn a. Teaching 1) Feeding - breast - bottle 2) Bubbling (burping)	"Introducing Solid Foods to Infants - an Outline for Instructing Mother" News Digest, 2:78-83, Summer '74 <u>The Newborn and the Nurse,</u> RJ254 pg. 183+ M66	Demonstrate proper isolation technique. Explain the related physical care of the newborn in the nursery.
Describe the educational responsibilities of the nurse in regard to mother and newborn care.			Relate the needs of the newborn to the teaching which must be accomplished with the mother.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Care of the Newborn

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify services available in the community for referral of newborn with respective needs.	3) Bathing - Sponge until cord falls off 4) Emollients - powders b. Formula preparation 1) Aseptic 2) Terminal 3) Pre-packaged 5. Community Resources a. Public Health Department 1) Nursing stations 2) Well baby clinics b. St. Elizabeth's Neonatal Intensive Care Unit	Demonstration on film <u>Hydration in Relation to Infant Nutrition</u> Record Discussion on Resources by Guest Lecturer from Public Health Dept. Visit well baby clinic Tour St. Elizabeth's Neonatal I.C. Unit	Define the 3 basic types of formula preparation. Describe the community resources available. Complete a sample Public Health referral form.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher
Normal Toddler and Young Child CREDIT HOURS _____

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify normal growth and developmental pattern of the toddler and pre-school child. Recognize the normal psychological development of the toddler and pre-school child. Identify the needs of the toddler and be able to devise a workable plan of care to meet these needs.	<u>Normal Toddler and Young Child</u> 1. Review Physical Growth and Development a. Stages 2. Review of Psychological Development a. Influences on mental development 1) Nutrition 2) Environment b. Influences on emotional development 1) Basic emotional needs - love and affection - security - acceptance as an individual - self-respect - achievement - recognition - independence - authority 2) Home environment - parental attitudes - siblings - illness 3) Fulfillment of needs - speech development - toilet training - cultural development - health teaching	Read: Hamilton, <u>Basic Pediatric Nursing</u>, pp. 15-35 Cartridge Filmstrip: <u>Growth and Development: 2 years Part I and II</u> Blake, Wright, Waechter, <u>Nursing Care of Children</u>, pp. 10-30 See card file under "Pediatrics" and "Parenting" for resources in this unit <u>How an Average Child Behaves</u>, filmstrip	Explain the normal growth and development patterns of the toddler. Name four of the emotional needs of the toddler.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Normal Toddler and Young Child

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the nutritional principles of the toddler period.	4) Personality traits - temper tantrums - ritualism - negativism - inconsistency - dwaddling - frustration - dependence/independence 3. Nutrition a. Principles 1) Meets nutritional and caloric needs 2) Foods in appropriate consistency and form 3) Pleasant experience - separated from emotional stress, pressure and pain 4. Play Activity a. Singular up to age 3 b. Parallel age 3 and older 5. Protection Against Accidents a. Drowning b. Falls c. Burns d. Automobile e. Suffocation - choking f. Poisoning	Group participation and discussion Sharing of own children's personality traits Read: Blake, Wright, Waechter, <u>Nursing Care of Children</u> , pp. 286-300 "Iron Deficiency in Children" <u>Nursing Care</u> , September 73, reserve shelf Hamilton, <u>Basic Pediatric Nursing</u> , pp. 36-44 and 93-106 Assist with meals on the Pediatric Unit, Feeding the Child Group discussion of meal planning for the toddler at home. Feeding Young Children filmstrip Observe a child at play. List resource services - Red Cross Handouts on - CPR - First Aid measures - Poison Control Center - 911 Class demonstration and participation in CPR.	Describe effective nursing approaches to the following toddler personality traits: 1. temper tantrums 2. negativism 3. ritualism 4. dwaddling Relate the nutritional principles of the toddler. Describe the importance of play activities in the toddler years. List effective measures to teach the parents of toddlers for preventing accidents. Secure certification in CPR as defined by Heart Association standards.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Normal Toddler and Young Child

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Describe the facilities of a pediatric unit and the significance it has to the patient's adjustment.	6. The Pediatric Ward a. Physical facilities b. Newer concepts in care of hospitalized child	Hamilton, <u>Basic Pediatric Nursing</u> pg. 142 Blake, Wright, Waechter <u>Nursing Care of Children</u> , pp. 320-333	
Identify the effects of illness and hospitalization on the child.	7. Child Reaction to Hospitalization a. Factors 1) Age 2) Amount of preparation 3) Type of illness 4) Security of home life 5) Emotional security 6) Prior admission	Handout: Pediatric Color Book utilized by St. Elizabeth Community Health Center Tour Pediatric Unit Discuss Tours available to pre-op patient and family "How Children See the Nurse" Canadian Nurse, April '75 resource shelf	Tell the contributing factors which influence a child's reaction to hospitalization.
Utilize knowledge of problems the hospitalized child may experience and develop a plan of care to effectively deal with each.	8. Child's Concept of the Nurse 9. Types of Problems Child Experiences a. Separation anxiety 1) Description of phases - protest - despair - denial 2) Nursing action b. Loss of independence/ autonomy 1) Description 2) Nursing action c. Regressive behavior 1) Description 2) Nursing action	How an Average Child Behaves, <u>Ages 1 Through 5</u> filmstrips-records <u>Development of Feelings in Children</u> filmstrip <u>A Refresher Course for RN's</u> DHEW Publication No. (HRA) 74-35, pp. 165-174 Freibing, Karen, "How Parents React When Their Child is Hospitalized", AJN, July, 1972, pp. 1270-1272	Describe the nursing intervention for 3 phases of separation anxiety manifested by the hospitalized child. Discuss the regressive behavior most commonly observed when a small child is hospitalized.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Normal Toddler and Young Child

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
Recognize parental anxieties of the hospitalized child and institute appropriate nursing measures.	d. Interruption of his usual "Rituals" 1) Description 2) Nursing action e. Loss of mobility and physical action 1) Description 2) Nursing action f. Parental anxiety 1) Description 2) Nursing action g. Body integrity 1) Description 2) Nursing action h. Verbal communication and comprehension 1) Description 2) Nursing action 10. Nurse's Responsibilities a. Nurse-child-patient relationship b. Nursing history c. Physical assessment d. Operative intervention 1) Preparation - psychological - physical 2) Postoperative e. Diagnostic procedures and treatments 1) Preparation 2) Post procedure	Stryker, <u>Back to Nursing</u> , pp. 287-300 Mothers in class relate own fears, etc., when own child was hospitalized. Handout: Situations for group preparation of care plan. "Learning to Communicate with Children" <u>Children Today</u> , 4:12-4+ Apr. '75 "Don't Let Them Hurt Me", AORN May '73 reserve shelf <u>A Refresher Course for Registered Nurses</u> , pp. 316-318 <u>Hamilton, Basic Pediatric Nursing</u> , pp. 156-158, 182- q <u>Stryker, Back to Nursing</u> , pp. 290-291 <u>Blake, Wright, Waechter, Nursing Care of Children</u> , pp. 25-28 (Nursing History Forms) pp. 182-186 - Surgery	Devise a plan of nursing care in a given situation which will meet the needs of a child whose mobility and physical action has been restricted. Given a situation concerning a hospitalized child, design a plan for nursing intervention which would alleviate parental anxieties. Define nursing history. Describe what is included in physical assessment of the child during admission procedures. Complete a nursing history form on a classmate's child.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Normal Toddler and Young Child

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
Identify the responsibility of the nurse in relation to preparation and administration of medications to the child.	f. Medications 1) Responsibilities of nurse 2) Principles a) 5 Rights 3) Measurement a) apothecary b) metric 4) Route a) oral b) IM and Sub q c) rectal d) eye, ear and nose e) topical f) parenteral - principles - rationale - types of fluid - methods - nursing responsibility	Review sample hospital charts of surgical pediatric patients. <u>Pediatric Injections</u> Slides Class demonstration and return demonstration on preparation and administration of medications. Transparency on: Injection Sites Hamilton, <u>Basic Pediatric Nursing</u> pp. 206-220 Film - Parenteral Fluids <u>Principles and Techniques in Pediatric Nursing</u> RJ245 pp. 103+ L4	Relate the nurse's responsibility in regard to children with surgical and/or diagnostic procedures. List the 5 rights of medication administration. Demonstrate proper technique in preparing, administering and recording of medications administered to the hospitalized child. List the preferred route for injections to the infant and young child. Incorporate knowledge of proper injection site for the infant and child while performing on the clinical area. Demonstrate proper calculation of fractional dosages prior to preparation of pediatric medications.

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COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Normal Toddler and Young Child

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
Describe specific communicable diseases of childhood in relation to the immunizations for prevention.	11. Childhood Communicable Diseases a. Types 1) Measles: Rubeola, Rubella 2) Chicken pox 3) Smallpox 4) Mumps 5) Roseola b. Prevention of transmission	Blake, Wright, Waechter, <u>Nursing of Children</u> , pp. 338-347 Hamilton, <u>Basic Pediatric Nursing</u> , pp. 458-461 (Charts) *Check in LPN Text for review of tables 12-5, 12-6, pp. 260-261 Common Communicable Diseases Transparencies on: rashes associated with specific communicable diseases	Describe the signs and symptoms associated with the following communicable diseases: 1. Rubeola 2. Rubella 3. Chicken pox 4. Smallpox 5. Mumps 6. Roseola
Identify related medical asepsis as related to child with a communicable disease.	12. Immunizations a. Types 1) Natural immunity 2) Acquired immunity 3) Passive immunity b. Vaccines	Blake, Wright, Waechter, <u>Nursing Care of Children</u> , "Prevention of Disease in Children", pp. 50-58 "Childhood Diseases: Apathy Nursing Care" September '75 reserve shelf	Define the 3 types of immunity.

NURSE REFRESHER

CONTENT INCLUDED

A. Toddler Case Study: Traumatic Brain Injury

1. Review of CPR
2. Craniotomy Check List
Signs and Symptoms of CNS Injury
3. Foley Catheterization
4. Intake - Output
5. Tetanus - Hypertet Immunization
6. Medications - Allergies - Narcotics
7. Transcription of Intravenous Medication Procedures
8. Safety Measures
9. Emotional Needs of Family With a Hospitalized Child
10. Seizures - Nurse's Role
11. Signs and Symptoms of Increased Intracranial Pressure
12. Subdural - Epidural Hematomas
13. Sterile Dressing Care
14. Total Patient Care - Nurse's Role

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Toddler Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
Synthesize principles of growth and development and be able to apply them to a case study of a toddler who has received a traumatic brain injury and undergoes evacuation of an epidural hematoma.	<u>Toddler Case Study</u> John Smith is a 30 year old auto repairman who owns his own service station. His 25 year old wife Jane is a secretary and works part time. They live in a mobile home that they purchased 3 years ago which is situated 2 blocks from a busy highway. They have 2 children: Headina, who is an active 6 year old girl and Jamie a busy 3 year old boy. About 6 p.m. on a Friday evening John and Jane are relaxing in their living room while the children are romping in the back bedroom. The doorbell rings and guests arrive. Jane proceeds to serve lemonade to everyone, only to discover that Headina has chased out the door after their small terrier puppy. Moments later they hear screeching tires and a dull thud. Headina is found slumped on the pavement in front of a large truck by the entire family and friends. The friend is an RN. She quickly examines Headina. Her heart is stopped and she is not breathing. After turning	Raffensperger, Primrose, <u>Pediatric Surgery for Nurses</u>, pp. 187-202 8. "Neurosurgery" Group process presentation of case study with instructor as resource moderator. See card file under "Pediatrics", "Emergency Care", "Head Injuries", "Surgery", "Nursing Procedures Equipment", "Electrolytes", "Nutrition" for references in this unit.	The participant will present content of this case study via the group process method with discussion and demonstration of procedures and presentation of content as listed in this column.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Toddler Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
Identify the signs and symptoms of cardiac and/or pulmonary arrest in relation to resuscitation measures.	her on her back she initiates CPR. An ambulance is called and arrives to escort Headina and her mother to the hospital. They establish an airway with oxygen, continue the CPR and radio ahead to the E.R. to inform them of their arrival in approximately 5 minutes with a patient in critical condition with head injury and CPR in progress. A pressure dressing has been applied to her head with apparent control of bleeding. Headina is transferred to the E.R. and placed on the table with CPR continuing. Mrs. Smith is accompanied to the deak area to provide information about her daughter. As the doctor examines Headina, he performs a craniotomy check. The EKG leads are placed and vital signs are monitored. A long dwell intravenous catheter with D/5 in $\frac{1}{2}$ saline is started in her right arm vein. Headina is now starting to breathe on her own and her heart has started beating. CPR is stopped, O₂ by mask continues.	Discuss symptoms of cardiac and respiratory arrest. Film - <u>Pulse of Life</u> Discuss, demonstrate and practice CPR. "Emergency Care of the Unconscious Patient" <u>Patient Care</u> March '72 reserve shelf <u>Emergency Medical Care: Nervous and Cardiovascular System</u> filmstrip Show Crani check sheet. "Initial Evaluation, Treatment of Multiple Injuries", <u>Hospital Topics</u> March '70 reserve shelf "Trauma in Children" <u>Hospital Topics</u> March '70 reserve shelf "Emergency Treatment of Motor Vehicle Accident Casualties" <u>The Lamp</u> March '73 reserve shelf	Describe the cardinal symptoms for which CPR is utilized. Return demonstration of proper CPR technique. Tell the items the nurse in the E.R. would assemble while waiting for the patient to arrive. List what co-workers she would notify. Name the immediate actions (in order of priority) of co-workers in the E.R. Describe what is included in a craniotomy check. Tell why a rectal temperature is performed on a neurological patient. Define the 5 levels of consciousness and tell what level Headina is exhibiting.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Toddler Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the signs and symptoms of trauma to the central nervous system.	Her signs and symptoms include: 1. BP - 80/40 2. P - 100 3. R - 10-14 4. T - 100 5. Responding verbally by moaning - when spoken to loudly 6. Pupils - left: round, normal size, reacts to light right: dilated, reacts slowly to light 7. Weak grasp of both hands on command 8. Weak movement of extremities on command 9. Profuse bleeding from severe scalp laceration, pressure dressing reapplied 10. Bleeding from right ear 1. She is restless and tossing frequently 2. Skin is cool and clammy, color is dusky	"Craniocerebral Trauma" AJN Vol. 73 No. 10, October '73 1719+ "Head Injuries" <u>Emergency Med</u> February '73, reserve shelf "Vital Signs: How to Take Them Accurately...and Understand Them Fully" <u>Nursing '76</u> 6:31-7 April '76	Discuss the changes that occur in the signs and symptoms of a patient with brain injury.
Identify proper technique for insertion and care of Foley catheter.	When Headina's emergency care is completed, she is transferred to the Intensive Care Unit with the following Doctor's orders: 1. Craniotomy checks 2. Routine lab work 3. Foley cath to drainage, irrigate with normal saline prn 4. Type and cross match 2 units of blood immediately	<u>Urinary Catheterization</u> <u>Male & Female</u> <u>Closed Urinary Drainage</u> <u>Urinary Care</u> Filmstrips Demonstrate and allow participants to perform. Discuss intake and output procedures.	List what is included in routine lab work. Return demonstration of proper Foley Catheterization. Describe what the appearance of the Foley drainage tube would look like when it needs irrigating.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Toddler Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Utilize appropriate techniques while calculating intake and output.	5. Intake and output with hourly outputs 6. Hypertet (tetanus immune globulin - human) 250 units IM and tetanus toxoid .5 cc IM 7. Polycillin 250 mg. IV push every 4 hours (check for allergy before starting) 8. Keep present IV open at K.O. rate 9. Call Dr. Favor (neurosurgeon) to see patient	Group participation with calculation of intake and output. Discuss: Hypertet and Tetanus Toxoid immunization "Handling Adverse Reactions to Penicillin" Nursing Update Vol 4 No. 12 December '73 Demonstration and Group Discussion regarding: Allergy Check with Medications Discuss: IV medication (polycillin) method and precautions Abbott Lab resources on IV's Discuss: Rationale for exclusion of Narcotics in patients with CNS injury <u>Electrolyte Balance</u> <u>Fluid Balance</u>	Perform intake and output in classroom in association with provided situation. Differentiate the methods of Tetanus immunizations. List the action of polycillin including the possible side effects. Describe the procedure used to check a patient for Polycillin allergy. Define: IV open at K.O. Recall Intravenous technique and relate to preparation and administration of medications including precautions.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher
Toddler Case Study CREDIT HOURS _____

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
	Approximately 6 hours after the accident, (12 midnight) Headina's condition is fairly well stabilized. She is much quieter and her cardiopulmonary condition is considered adequate. John and Jane Smith are both waiting patiently in the visitors lounge and anxiously await the 5 minute visiting time per hour. They are notified by the attending nurse when these times arrive and rush to Headina's side, hovering closely for any sign of improvement. Dr. Favor has examined Headina and left the following orders: 1. Limit IV fluids to 500 cc over 24 hour period 2. NPO 3. Use padded side rails before restraining, if becomes restless 4. May increase head rest 30° when crani checks stable 5. Ice bags to groin and axilla for increased temp. a.s.a. gr 5 prn for T. above 102° rectal 6. Notify E.R. doctor to suture scalp wound when condition is stable	<u>Functions of Electrolytes</u> Filmstrips <u>Nurses Handbook of Fluid Balance</u> RT 69 M4 reserve shelf <u>The Fundamentals of Body Water and Electrolytes</u> RMI70 B3 reserve shelf Discuss rationale for NPO and restriction of IV fluids. "Responses of a 12 Month Old Girl to Physical Restraint..." MCN Summer '75 reserve shelf Discuss: Convulsions and the patient with CNS injury.	Relate the rationale for exclusion of narcotic use on the patient with CNS involvement. Tell why IV fluids are limited. Tell 2 reasons the patient is kept NPO (Nothing per OS). Describe the rationale for padded side rails versus restraints. Tell why the nurse would have a padded tongue blade at the bedside of a patient with CNS injury.

Recognize the importance of limiting fluids in patient with head injury.

Identify methods used to protect the patient during a convulsion.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Toddler Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
Identify the emotional needs of the family with a hospitalized child, including methods of fulfilling.	7. Notify me if any change in crani checks Dr. Favor makes the following note on the progress record: Possible cerebral concussion. Patient responding slowly. Crani checks stabilizing. Right pupil dilated but responds slowly to light. Cardiopulmonary functions adequate at this time. Will follow and observe closely. He then talks with the Smith's about his findings and reassures them that Headina is being well cared for.	"The Impact of a Boy's Head Injury on His Parents" MCN Spring '75 reserve shelf	Relate the reason for head elevation to intracranial pressure. Tell the reason for waiting to suture a scalp laceration on a patient with CNS injury. Describe the changes in crani checks that must be relayed to the doctors Define cerebral concussion.
	Jane and John return to their daughter's room. Jane begins to cry quietly. The nurse talks to her and answers their questions. Mrs. Smith asks where they would find a telephone as they need to call their friends and inform them of Headina's condition. She is escorted to a phone booth and the nurse stays to talk with them for awhile. At 4:00 a.m. the nurse walks into Headina's room to find her having a seizure, which appears to be a grand mal.	Discuss: Emotional needs of the parents. "Coma in Children: How It Affects Parents" MCN 1:17-9 January/February '76 Parents and Children in the Hospital RJ242 H35 pg. 203+ Discussion: Types of seizures Observations Nursing Care Recordings	Tell what the nurse can do to support the family when they are in the patient's room. List ways the nurse might help the family when they leave the room. Define Grand Mal seizure including etiology.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Toddler Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the signs and symptoms associated with increased intracranial pressure in the patient with head injury.	Dr. Favor is notified and orders Dilantin 30 mg. IV stat and then every 6 hours.	"Clearing Away the Cobwebs Shrouding Seizures" <u>Nursing Update</u> Vol. 5 No. 1 January '74	Describe the appropriate nursing measures for a patient in seizure.
	5:00 a.m.:crani checks are still being done every 15 minutes. Headina is again (following seizure) responding slowly to verbal commands. Vital signs are: BP: 90/50, P: 90, R: 20, T: 101/R Pupillary reaction remains the same.		Tell what observations and recordings are made of a patient who has a seizure.
	5:15 a.m.: BP: 100/40, P: 78, R: 16, T: 101 ⁸ /R. Headina is stuporous. Right pupil is more dilated and reacts slowly to light. Left hand is weaker. Movement of left leg on command is less.		Explain the action and possible side effects of Dilantin.
	5:30 a.m.: BP: 124/36, P: 68, R: 12, T: 102 ⁴ /R. Headina is stuporous. Left hand grasp remains weaker than the right hand grasp. Right pupil dilated, reacting slowly to light. Headina has a projectile emesis.	Discuss: Intracranial pressure: definition etiology signs and symptoms	Define increased intracranial pressure. List the etiological factors associated with increased intracranial pressure.
	5:35 a.m.: Dr. Favor is notified of rapid changes in vital signs and patient's response.		Describe the signs and symptoms of increasing intracranial pressure.
	5:45 a.m.: Dr. Favor arrives.		

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Toddler Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	Vital signs are: BP: 132/32, P: 60, R: 10, T: 102⁸ R. Headina responds to pin prick performed by Dr. Favor, by pulling away. Right pupil is dilated and does not respond to light. She does not grasp her hands or move her extremities on command. Dr. Favor makes arrangements with surgery and Headina is prepared for evacuation of a subdural hematoma. Dr. Favor talks with Mr. and Mrs. Smith about the impending surgery and the probable outcome and they sign the operative permit. The nurse remains with the parents to inform them that Headina is being prepared for surgery. She offers them coffee and answers their questions regarding how long it may take. 7:45 a.m. Headina is returned to her room on the Intensive Care Unit. Observations, nursing measures and recordings include: 1. Head dressing is dry and intact 2. Patient is sleepy but responds by shaking head when spoken to 3. Hand grasps weak bilaterally 4. Moves extremities slowly on command	"Management of Subdural Hematoma in Infancy" <u>Hospital Practice</u> 8:111-8 September '73 Discuss: Emergency preoperative preparation. "Nursing Care of the Neurosurgical Patient; Head Injuries" <u>J Neuro-surgery Nursing</u> 5:49-55 December '73 <u>Emotional Care of Hospitalized Children</u> RJ242 P47 pg. 186+ pg. 141+	List the nurse's responsibilities in preparing a patient for evacuation of subdural hematoma. Define subdural hematoma.

SOUTHEAST COMMUNITY COLLEGE-LINCOLN CAMPUS

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COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Toddler Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the causes of epidural hematoma.	5. Pupils are equal-moderate in size and react to light 6. Vital signs: BP:104/50, P: 80, R: 18, T: 100/R 7. Verbal response - moaning 8. 250 cc bottle of Urevert running with 100 cc's remaining Dr. Favor is talking with Mr. and Mrs. Smith during the time the initial care is given. They appear less apprehensive. The nurse reassures them that Headina is doing better and they may visit her. Progress note reveals: "A large epidural hematoma removed, bleeding controlled, returned to room in good condition". Post-operative orders: 1. Resume crani checks 2. Continue Foley catheter 3. I and O 4. Continue Polycillin 250 mg. IV push every 4 hours 5. Run in present bottle of Urevert in 4 hours, then add D/5/W - not more than 500cc/24 hours 6. Elevate head 30° when vital signs stable - may turn from side to side	Discuss: epidural hematoma Discuss: Automatic stop of orders when patient returns from surgery	Define epidural hematoma including rationale for its occurrence. Tell why the doctor wrote another order for craniotomy checks, Foley catheter, I and O and Polycillin. Explain the action of Urevert.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Toddler Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
Identify the nursing needs of the toddler who requires total care.	7. May try sips of water post nausea 8. Dramamine 15 mg. IM every 4 hours prn for nausea or vomiting 9. Codeine 10 mg. IM every 4-6 hours prn for pain 10. May reinforce or clip head dressings prn The following morning Headina's vital signs and crani check have stabilized. She is sleepy but responds to commands to move extremities and hand grasps. She recognizes her parents, looks around and answers questions coherently. She does require total care.	Discuss: Dressing care of the craniotomy patient <u>Sterile Technique and Dressing Change</u> Filmstrip	Explain the action of Dramamine in relation to the purpose of using it with a post craniotomy patient. Describe the action of Codeine and its side effects versus Morphine, its action and side effects. Discuss the purpose of the order to clip the head dressing prn. Outline the nursing care actions for a patient requiring total care. Consider the following areas: 1. Environment 2. Physical 3. Emotional

NURSE REFRESHER

CONTENT INCLUDED

A. Adolescent Content

1. Growth and Development
2. Nutrition
3. Hospitalization

B. Case Study: Ulcerative Colitis

1. Anatomy and Physiology of GI Tract
2. Routine Lab Procedures
3. Hematest of Stool
4. Proctoscopy
5. X-Ray - Lower G.I.
6. Review of Ulcerative Colitis
7. Vital Sign Changes in Hemorrhage
8. Medications
9. Operative Permit
10. Levine Insertion
11. Blood Administration
12. Emotional Support for Patient and Family
13. Colostomy Care
14. Nutritional Needs of Colostomy Patient
15. Ileostomy
16. Stoma and Skin Care
17. Community Resources

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify normal growth and developmental pattern of the adolescent during puberty. Recognize the factors that relate to the nutritional needs of the adolescent.	<u>Adolescence Case Study</u> <u>Ulcerative Colitis</u> - Growth and development - Physical - Puberty - maturation - reproductive organs - Psychological - Identity versus role diffusion - Nutrition - Related factors - Stage of sexual maturation - Rate of physical growth - Amount of athletic and social activity - Hospitalization - Response to illness - Nurse-patient relationship - Communication - Room accommodations - Teenage unit	See card file under "adolescence" "ulcerative colitis" "surgery" for resources for this unit. Group participation and discussion: Sharing of own adolescent hospitalization experience. Hammer, Eddy; <u>Nursing Care of the Adolescent</u>, pp. 6-22, 32-46, 50-58 Adolescence cassetts "The Adolescent Unit: Tailored for Teenage Patients" <u>RN</u> 38:64+ September '75 Buechner, K., "Adolescents Need Attention", <u>AJN</u> 60:372 March '60 Blake, Wright, Waechter, <u>Nursing Care of Children</u>, pp. 518-537 <u>Adolescence</u>, HQ 796 G under G737 <u>Adolescent Development</u>, Hurlock BF724 H8	Describe the normal growth and developmental pattern of the adolescent during puberty. Recall the nutritional needs of the toddler in relation to those of the adolescent.

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Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
118		<u>American Youth in a Changing Culture</u> HQ799.2 McClellan P6M3 "The Adolescent Process and the Problem of Nutrition" <u>AJN</u> 75:1728-31 October '75 <u>Approaches to the Care of Adolescents</u> RJ550 Kalafatich C66 See card file "Adolescence" and "ulcerative colitis" for resources in this unit.	119

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
Synthesize principles of growth and development in relation to care of the adolescent with ulcerative colitis and colostomy.	<u>Adolescence Case Study - Ulcerative Colitis</u> Colon Jones is a frail-appearing 16 year old boy. He lives with his parents in an elegant home in a midwest town in Nebraska. He has an 18 year old sister named Charity and a 13 year old brother named Frank. His father is a very successful attorney and the ex-star quarterback of the high school football team. His mother is a housewife involved with planning many of the town's social events. Charity graduated from high school as valedictorian of her class and is attending the state university on a scholarship. Frank is the star half back of the Junior High football team. Colon is a straight A student in his junior year and joined the football team because his father insisted. He complains frequently to his mother that football is a waste of time and that it makes him terribly nervous.	Group process presentation of case study with instructor as resource moderator. <u>Between Parent and Teenager</u> HQ796 Ginott G518 <u>Childhood and Adolescence; a Psych of the Growing Person</u> Stone BF721 S82 <u>The Psychological World of the Teenager; a Study of Normal Adolescent Boys</u> Pffer BF724 035 <u>12 to 16: Early Adolescence</u> Kagan HQ796 K16 <u>Youth: Transition to Adulthood</u> HQ796 U5Y6	The participant will present content of this case study via the group process method with discussion and demonstration of procedures and presentation of content in this column.

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COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
	When Mrs. Jones discusses this with her husband, he becomes furious and informs her that football builds character and teaches discipline and that Colon will play whether he likes it or not. These discussions have appeared frequently because football season is in full swing. Over the past 2 months Colon has lost 10 pounds, exhibited frequent diarrhea with severe bouts of abdominal cramping and has secluded himself in his room. Lately the diarrhea has increased to 10 times a day and Colon doubles up with abdominal pain before each stool. He has missed 5 out of the 8 football games and Mr. Jones is now escorting him to the front line and sits on the bench beside the coach fielding directions throughout the game. The homecoming game is under way. Colon is on the field. During the first play he is knocked down and doesn't get up. An ambulance is called and he is taken to the local hospital.	Bruner <u>Textbook of MS Nursing</u> pp. 565-70 3rd ed. Shafer <u>MS Nursing</u> 6th ed., pp. 677-81 Smith, Germain <u>Care of the Adult Patient</u> 4th ed., pp. 747-50 Beland <u>Clinical Nursing</u> 3rd ed.	

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COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	His father is furious, his mother is crying and blaming Mr. Jones because he insisted that Colon play football. 8:00 p.m. - On arrival at the hospital he is examined in the emergency room. Vital signs are: BP: 100/80, P: 110, R: 28, T: 102 orally. He is diaphoretic, pale, clammy and lethargic. He expells a large liquid stool with clots of red blood. Dr. French arrives, examines Colon and write the following orders: 1. Admit to private room 2. Stat CBC and Differential 3. Routine lab, chest x-ray and serology 4. Vital signs every 2 hours till stable, then every 4 hours 5. Stat Flat plate of the abdomen 6. I/O 7. Start IV of Normosol-R with long dwell. Run 1000 in every 8 hours 8. NPO - sips of water for meds only 9. Hematest all stools	<u>Anatomy & Physiology</u> <u>Filmstrip series</u> Lab Procedures reference.	Recall the normal anatomy and physiology of the gastrointestinal tract. List what is included in a routine lab. Tell what a serology test includes. Tell the rationale for a long dwell needle Describe the technique utilized when performing a Hematest on stool.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
	10. 3 stool specimens to Lab for positive verification of blood. Do culture for ova and parasites 11. Procto followed by Lower GI in a.m. usual prep 12. Valium 2.5 mg. IM every 4 hours 13. Dalmane 15 mg. oral at H.S. 14. Lomotil tabs 2 after every B.M. 15. Record number and consistency of stools 16. Call results of CBC, Diff., and Flatplate of abdomen and if large amount of frank red bleeding in stools continues	Demonstration of Hematest procedure. PDR	Define proctoscopy and Lower GI exam. Tell what is included in the usual prep for a procto and lower GI.
Identify the textbook picture of the patient with Ulcerative Colitis, including rationale and signs and symptoms.	He makes the following notes on the progress record: Probable ulcerative colitis, rule out intestinal obstruction, diverticulitis or tumor. Dr. French talks to Mr. and Mrs. Jones in the waiting room while Colon is being admitted. He informs them of the bleeding present in the stool, the possible diagnosis, and the need for hospitalization to identify where the bleeding is coming from in the intestinal tract.	15) Type and crossmatch 2 units of blood. Discuss: Ulcerative Colitis Textbook picture in relation to case study.	Describe the textbook picture of Ulcerative Colitis in relation to Colon Jones, include 1. Causes, inflammatory, psychogenic, autoimmune 2. Signs and Symptoms, early, intermediate, latent 3. Usual medical treatment 4. Operative procedures

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COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
Recognize the medical and surgical treatment available to the patient with Ulcerative Colitis.	Mr. Jones is silent. Mrs. Jones says, "I knew he was ill, it's that confounded football. Now he'll probably die because of it". Dr. French reassures her that he is being observed carefully; however, if the bleeding continues, he may need surgery to stop it.		
Identify the normal laboratory values of hemoglobin, hematocrit, WBC, RBD and differential in relation to rationale for alteration.	Mr. and Mrs. Jones accompany Colon to his room. He is very pale, rolling from side to side on the stretcher, holding his abdomen tightly with his arms. Mrs. Jones is talking softly to him in hopes of calming him. 10:00 p.m. - The following lab and x-ray results are called to the doctor: Hemoglobin: 10 Hematocrit: 34 WBC: 15,000 RBC: 3.8 Differential: Bands - 30 Eos - 2 Baso - 15 Lymph - 50 Mono - 3 Flatplate of abdomen: Reveals a dark mass in LLQ, suggestive of hemorrhaging	Discussion with group - Normal lab values with rationale for change. Lab book	List the normal lab values for the following: 1. Hemoglobin 2. Hematocrit 3. WBC 4. Differential 5. RBC

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the changes that occur in the vital signs when hemorrhage occurs.	Stools= 2 diarrhea like, highly positive for Frank red blood 10:30 p.m. - Dr. French returns to the hospital and examines Colon. He performs a rectal exam. The nurse informs him of the following: 4 diarrhea stools since admission, hematest positive, much mucous present - liquid consistency - clots of blood present in each - last stool in container by sink - Vital signs: BP: 80/50, T: 100, P: 120, R: 30 Intake of IV=250 cc Output - urine = 90 cc Patient has received Lomotil tabs after each B.M. He has received the IM Valium and the Dalmane. Dr. French makes the following note on the progress record: Possible perforation of colon with hemorrhage into abdominal cavity. He leaves the following orders: - Cancel lower GI and Procto prep	PDR	Describe the changes that occur in the vital signs when hemorrhage is present. List the action of Lomotil, Valium, and Dalmane including side effects. Tell why a lower GI is not performed on a patient with suspected perforation of the bowel.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHOD
Identify the usual preparation of a patient for gastrointestinal surgery.	2. Prepare for surgery for exploratory laparotomy with possible bowel resection at 8:00 a.m. 3. Azulfadine 4 tabs orally every 4 hours 4. Keflin 1 gm IV push every 4 hours 5. Atropine 0.4 mg. IM Demerol 50 mg IM at 7:00 a.m. 6. Abdominal skin prep for O.R. 7. Insert #18 Foley catheter connect to drainage 8. Insert #18 Levine - connect to low suction, clamp for 30 minutes after oral med then release 9. Stat Hgb and Hct, then give 1 cc of Aquamephyton IM 10. Parents to sign operative permit for Exploratory Laparotomy with possible bowel resection and/or possible Colostomy 11. Type and cross match 2 more units of blood - start 1 now, after Hgb and Hct done and add 2nd unit to run when patient goes to O.R. - send 2 units to O.R. 12. D.C. Lomotil 13. Call results of Hgb and Hct	<u>Preoperative and Postoperative Care</u> Filmstrip <u>Gastric and Gastrointestinal Decompression</u> Filmstrip Discuss technique of: 1. Urinary catheterization 2. Levine insertion Include demonstration of Levine insertion.	Define: 1. Exploratory laparotomy 2. Bowel resection Describe the usual preparation of a patient for surgery. List the action and purpose of: 1. Azulfidine 2. Keflin 3. Atropine 4. Demerol 5. Aquamephyton Include the side effects. Tell the rationale for insertion of: 1. Foley catheter 2. Levine Insert Levine in practice lab using proper technique.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the nurse's role in providing emotional support to the family of a hospitalized adolescent.	Dr. French calls the Jones and informs them of Colon's condition and impending surgery. Colon spends a restless night with many procedures being performed. 6:30 a.m. - Mr. and Mrs. Jones arrive and sign the operative permit. As they enter the room, they find him asleep and ask the nurse if he is O.K. She suggests they step out of the room. After reassuring them that he is resting comfortably, she proceeds to explain what has been done and why and answers their questions. They appear more relaxed as she offers coffee and allows them to return to his room. Everything is going as scheduled. Colon received his preoperative medication and is transported to the operating room at 7:15 a.m.	"Transfusions: What Blood Component Does Your Patient Really Need?" <u>Nursing Update</u> Vol 4 No.1 January '73 Discuss and role play 1. Mental Mechanisms 2. Emotional Support	Recall purpose of operative permit. Tell the rationale for ordering more blood, particularly packed cells versus whole blood. List the mental mechanisms and feelings the parents may have at this time. Describe what the nurse could do and/or say to provide emotional support. Tell the rationale for giving the preoperative medication one hour before surgery.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the operative procedure for a Colostomy and its intended purpose. Recognize the rationale for postoperative orders in relation to caring for the patient with a Colostomy.	His parents are directed to the waiting room outside the operative suite. During the operative procedure, Colon is found to have a ruptured medial descending colon, with extensive ulcerative colitis involving the distal portion of the transverse colon and medial descending colon. The medial and distal transverse colon including the medial portion of the descending are surgically removed. The rectal stump is sutured closed. The remaining proximal loop of the transverse colon is brought out to the skin of the abdomen via an incision and sutured in place to create a temporary colostomy. Two units of blood has been administered and Colon has returned to his room after 2 hours in the recovery room. Postoperative orders are as follows: 1. IV of Normosol R-1000 cc's with 20 meq. KCL, add Solu B with cc to 1 Liter per 24 hours. run 1000 cc's per 8 hours	Overhead projector - Pic of Anatomy of GI Tract PDR	Recall anatomy of the following GI segments: - Proximal - Medial - Distal - Ascending colon - Transverse colon - Descending colon List the action and purpose of: 1. KCL (Potassium Chloride) 2. Solu B with C

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COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the emotional needs of the patient with a colostomy in relation to the nurse's role.	2. NPO, ice chips prn 3. Change dressings prn 4. Levine to low suction 5. Vital signs every 15 minutes till stable then every hour for 2 hours followed by every 4 hours 6. Hourly Intake and Output 7. Keflex 1 gm. IV push every 6 hours 8. Compazine 5 mg. IM every 4-6 hours for nausea 9. Demerol 50 mg. IM every 3-4 hours for pain 10. Hemoglobin and Hematocrit at 4:00 p.m. Call results 11. Type and crossmatch 2 units of packed cells 12. Order colostomy bag equipment and have available for application in a.m. 4:00 p.m. - Mrs. Jones is seated by Colon's bed, observing his every move. Mr. Jones has returned to work. Colon is awake and resting quietly. Vital signs have stabilized at: BP: 110/80, P: 94, R: 20, T: 100/0. Dressings are slightly spotted with pink serous drainage. The doctor has informed him and his parents of what was done.	Discuss: Emotional needs of the patient with a colostomy.	Tell the rationale for each of the remaining postoperative orders. List the emotional needs of the patient in relation to the nurse's responsibility with each.

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COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	He appears accepting though Mrs. Jones has left the room crying several times. She has asked the nurse many questions about what a colostomy is and how long it will be before he will have it removed if it is only temporary. The nurse has described a colostomy and referred her other questions to Dr. French. He has told Mrs. Jones that Colon will be allowed to recuperate in the hospital and then go home for convalescence. After 3 months, he will return for multiple x-rays with Barium and if healing is satisfactory, they will do surgery to reconnect the bowel. Mrs. Jones is apprehensive about caring for "that thing". Dr. French reassures her that he has contacted the Public Health Department and a visiting nurse will be available to assist with the care. 1 week later - Nursing care of the colostomy has started and regular irrigations have been under way for 2 days. Colon will not look at it, but has asked many questions	"Helping Your Ostomy Patient to Cope" <u>Nursing Update</u> Vol. 3 No. 10 October '72 "Ostomy" <u>Nursing Update</u> Vol. 3 No. 10 October '72 "Symposium on Stoma Care" <u>Nursing Mirror</u> 142:48-9 January 8, '76 "Colostomy Care" <u>Nursing Mirror</u> 139:60-5 November 7, '74 "Dorothy B. Dix: Ulcer, Colitis" <u>Nursing Care</u> 8:10-4 January '75 Discuss: Colostomy Care including irrigations Betty Kohoute - resource person	Describe the nurse's responsibility in relation to teaching the patient colostomy care and irrigation.

Recognize the nurse's role in teaching the patient to care for his colostomy.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse R. Fresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the nutritional needs of the patient with a colostomy.	The IV's, Levine, and Foley catheter have been removed and he appears improved. A special diet is ordered including: High protein, high calorie, high vitamin and low residue.	Discuss: Diet of Colostomy Patient <u>Basic Nutrition and Diet Therapy</u> 3rd ed., pg. 278	Describe the type of diet usually prescribed for the patient with a colostomy.
Correlate the type of drainage from an ileostomy in relation to a colostomy.	Drainage from the colostomy is a yellow brown semi formed stool. It appears to be regulating itself by evacuation at the time of the 9:00 a.m. irrigation with only minimal drainage throughout the day.	Discuss: Ileostomy versus Colostomy Drainage	List the foods included and excluded in the diet of a colostomy patient.
Recognize the special attention that is required in providing nursing care to the skin around the colostomy.	Special attention has been given to care of the skin around the stoma. Sutures have been removed from the incision site, and the scar is healing.	Discuss: Stoma and Skin Care	Differentiate between the type of stool with a colostomy and ileostomy.
Identify the community resources available to the patient with a colostomy.	Colon is now taking a shower and appears to be in better spirits. Dr. French has left orders to prepare Colon for discharge in 3 days. The visiting nurse has made a visit to assess the needs of the patient. After talking with Mrs. Jones, she makes plans to visit the home at 9:00 in the morning and assist with the colostomy irrigation and further	Discuss: - Public Health Nurse and Visiting Nurse Referral and Cost - Ostomy Club	Explain the nursing care related to the stoma and skin around the colostomy. Tell what community resources are available to the patient with a colostomy and how they may be obtained.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Adolescence Case Study - Ulcerative Colitis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	teach Mrs. Jones what she must do. Mrs. Jones has adapted rapidly and is ecstatic about Colon's recovery. She spends much of her day hovering over him and actively providing care for him. Plans are made for his education to continue by contacting his high school. His teachers have visited and prepared his lessons so he can independently study.	"Advances in Rehabilitation of Stoma Patients" <u>Cancer</u> 36:702-4 August '75 Series of articles: <u>ANA Clinical Sessions</u> 231-53 1974	

NURSE REFRESHER

CONTENT INCLUDED

A. Young Adult Case Study: Diabetes

1. Growth and Development
2. Diabetes
 - a. Signs and Symptoms
 - b. Acidosis
 - c. Insulin
3. Diagnostic Tests - GTT, Blood Sugar, BUN
4. ADA Diet
5. Medications
6. Bronchitis
7. Insulin Administration Technique
8. Diabetic Teaching Plan
9. Community Resources - Pamphlets
10. Emotional Needs
11. Oral Hypoglycemics
12. Hypoglycemia
13. Insulin Shock
14. Complications of Diabetes - Preventative Measures

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Diabetes

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize principles of growth and development in relation to the care of the young adult with diabetes.	<u>Young Adult Case Study - Diabetes</u> Miss Candy Brach is a 21 year old secretary of a large printing company. She is 5 foot 6 inches tall and weighs 160 pounds. She has had the position since graduation from high school and appears to enjoy her job. She lives with a girlfriend in a large apartment complex with tennis courts and a swimming pool. On weekends she visits her parents and 12 year old brother who live in the same city. Over the past 6 months, Candy has complained frequently to her mother about headaches, increased thirst and increased voiding, which smelled very sweet and strong. However, she has been able to lose 20 pounds. She had visited her eye doctor because her vision was giving her problems when she had to type so much. He had prescribed stronger glasses and the headaches were less frequent. Candy had been home from work for 3 days with the flu. Her	See card file under "diabetes" for resources in this unit. Group process presentation of case study with instructor as resource moderator. Smith, Germain, <u>Care of the Adult Patient</u>, pp. 877-908 Bruner, <u>Textbook of Medical-Surgical Nursing</u>, 3rd ed., pp. 818-31 Schafer, <u>Medical-Surgical Nursing</u>, 6th ed., pp. 745-61 Beland, <u>Clinical Nursing</u>, 3rd ed., pp. 1020-54 <u>Basic Nutrition and Diet Therapy</u>, 3rd ed., pp. 216-25 <u>Guide to Self-Care in Diabetes</u>, RC660 G8 reserve shelf <u>"Assessing the Diabetic" Nursing</u> 76 6:62-7 March '76	The participant will present content of this case study via the group process method with discussion and demonstration of procedures and presentation of content in this column.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Diabetes

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the disease process of diabetes mellitus as it relates to the young adult.	temperature has been up and she has had vomiting and frequent diarrhea. A cough has developed and Mrs. Brach takes her to the doctor. As he examines her, he notices a sweet smell on her breath. A history, physical and a urinalysis is performed. It is found to contain a large amount of Ketone and glucose. Dr. Peters decides to admit her to the hospital for tests and possible bronchitis. He writes the following admission orders: 1. Routine lab including chem profile, urinalysis, chest x-ray, serology and BUN 2. 4 hour glucose tolerance test in a.m. and Fasting Blood sugar 3. Start 1000 cc Normosol-M run in 8 hours, then D.C. 4. Do Clinitest-Acetest A.C. and H.S. - record on diabetic work sheet 5. Compazine 10 mg. IM every 4-6 hours prn for nausea 6. I and O 7. Dalmane 15 mg. oral at H.S. 8. If shakiness occurs get a stat blood sugar and call results	"Checkpoints to Assure Valid Glucose Tolerance Tests" <u>Nursing Update Vol. 6 No. 12 December '75</u> "Glucose Tolerance Test" <u>Nursing 75, 5:10-1 July '75</u> <u>Testing the Urine for Glucose and Ketones - Filmstrip</u> "Tips for Improving Urine Testing Techniques" <u>Nursing 76 6:23 + February '76</u> Discuss and Demonstrate: 1. Clinitest 2. Acetest 3. Diabetic Worksheet	Define diabetic acidosis including the signs and symptoms. Define hyperglycemia. Define diabetes mellitus. Define insulin. Describe the textbook picture of the patient with diabetes mellitus including signs and symptoms. Define acetone. Name the diagnostic tests performed on a patient suspected of diabetes mellitus. Explain the teaching role of the nurse in regards to diagnostic tests for diagnosing diabetes.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Diabetes

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the nutritional needs of the diabetic patient and the related restrictions.	9. 1800 calorie ADA diet with H.S. snack, start after GTT is completed 10. Garamycin 60 mg. oral every 8 hours Candy is admitted to a semi-private room and Mrs. Brach remains at the bedside. At 6:30 a.m. the glucose tolerance test is started. The nurse prepares Candy and informs her of the procedure. She has been NPO and a fasting urine specimen is taken. Lab is called to do a fasting blood sample and the procedure follows as usual.		Discuss the rationale for type of IV solution selected including its purpose. Discuss proper technique for performing a clinitest and acetest including recording on a diabetic worksheet. Demonstrate proper technique when performing a C and A. List the rationale for I and O on this patient.
Identify the alterations in lab values as they relate to the diabetic process.	1:00 p.m. - Dr. Peters arrives and reviews the following lab and x-ray results: Hemoglobin - 12 gms. WBC - 12,500 BUN - 12.5 F.B.S. - 200 mg.% Urinalysis - specific gravity normal range - 3+ glucose - no albumin - positive for Ketones - no albumin present	"Understanding Diabetes" <u>Patient Care 9:34-5 June 1, '75</u> Discuss: ADA diet	Describe the "shakiness" exhibited by a diabetic patient. Tell the rationale for drawing a stat blood sugar on a patient with a possible diagnosis of diabetes who exhibits "shakiness". Describe an 1800 calorie ADA diet, including its rationale.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Diabetes

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	Chest x-ray - increased congestion in right Bronchi suggestive of Bronchitis Glucose Tolerance Test - Blood: Fasting - 200 1 hour - 420 2 hour - 390 3 hour - 320 post - 240 He makes the following notes on the progress record: Diabetes Mellitus with bronchitis in right Bronchi. Maternal grandmother is diabetic, no other contributing history. Will attempt to regulate with sliding scale insulin and diet at this time followed with maintenance dose later. Dr. Peters leaves the following orders: - Sliding scale: Regular Insulin sub q. according to C and A Trace - 1% 5 Units Regular 2 - 3% 10 Units Regular 4 - % 15 Units Regular - Rotate injection sites - Record	Discussion and Demonstration: - Insulin Administration Technique - Types - peak period and length of action including side effects	Recall action, purpose and side effects of Compazine and Dalmane. Tell the action, purpose and side effects of Garamycin. Recall the normal lab values for Hemoglobin and WBC count including rationale for altered WBC's with this patient. Discuss the normal GTT results in relation to elevation in diabetic patients. Tell the normal BUN level including rationale for alterations. Define fasting blood sugar including normal level. List the etiology of glucose and Ketones in the urine. Define Bronchitis. List the nursing needs of the patient with Bronchitis.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Diabetes

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the appropriate techniques for preparing and administering insulin to the diabetic patient.	3. Begin diabetic teaching with patient and mother 4. Do 6:30 a.m. and 4:00 p.m. blood sugars Dr. Peters talks to Candy and her mother, informing them of the test results, diagnosis and plans for treatment. After he leaves, the nurse enters the room and finds Candy sobbing and Mrs. Brach staring aimlessly out the window. Candy asks "Why did this have to happen to me. I'm still young. I have so many things I want to do before I die, isn't there something they can give me to make this go away?" The nurse comforts her and attempts to inform her that Diabetics can live a fairly normal life if they are willing to moderate certain things in their life style. Mrs. Brach asks the nurse "Where do we go from here?" The nurse informs them that teaching will begin with the next C and A. Formal classes will be held by the pharmacist	Discuss: - Sliding Scale Insulin - Insulin injection site record sheet Group involvement to prepare a detailed diabetic teaching plan including: - Disease process - Insulin Technique and Administration - Diet - Prevention of Complications - Doctor appointments - Exercise Discuss: Diabetic Association Public Health Nurse Industrial Nurse State Health Department Diabetic Teaching Program - Helen Mulcson and Colleen Rohan	List the action, side effects and peak period of various types of Insulin. Tell the reason for choosing a sliding scale insulin method. Describe the technique for preparing and administering insulin to the diabetic patient Demonstrate proper technique for administering Insulin to the diabetic patient. Tell the sites of injection for Insulin including rationale for rotation of sites. Outline a diabetic teaching plan. Prepare a detailed diabetic teaching plan as a group during the presentation of this case study.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Diabetes

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the community resources available to the diabetic patient in relation to how these services may be obtained.	and dietician. These will include: information about what diabetes is, how to care for yourself and diet. Each of these things will be discussed as the care is given on the unit. Mrs. Brach and Candy appear calmer. The nurse places the call light within Candy's reach and informs them that she is available if they need anything. The 4:00 p.m. blood sugar is 320 mg. % and the 4:30 p.m. C and A is 3+ and trace. The nurse prepares the 10 units of Regular Insulin using a 100 Unit/cc syringe in the presence of Candy and her mother. They also observed the C and A. All the related information is included and Candy received her first Insulin injection. At 5:30 p.m. she eats her supper, dozes for awhile and then sits in the chair to watch TV. 7:00 a.m. Candy is awakened for a urine specimen. She is able to assist with C and A and the nurse feels she appears	<u>Diabetic Meal Planning</u> <u>Filmstrip</u> <u>"Dialogue on Diabetes" Nursing</u> <u>Care 8:20-1 September '75</u>	List the ancillary personnel in the hospital who may be called on to assist the nurse with the education of the diabetic patient. Tell the community resources available to the diabetic. Describe the nurse's role in providing emotional support to the newly diagnosed diabetic and their family.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Diabetes

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the various types of Insulin available including the action, peak period and length of duration.	capable and accepting. The C and A is 4% and moderate. The nurse assists Candy with drawing up and administering 15 Units of Regular Insulin which she injects in her left thigh. The nurse records that Candy administered her own Insulin successfully. At 11:00 a.m. Dr. Peters visits Candy and reviews the records. He leaves the following orders: 1. 20 Units Lente Insulin sub q at 7:30 a.m. every a.m., continue with sliding scale 2. Do 2 hour post prandial blood sugar Candy eats her dinner at 12 noon and at 2:00 p.m. the laboratory technician arrives and draws the blood as ordered. The result is 200 mg. per cent. For 2 days Candy has received her 20 Units of Lente Insulin with no sliding scale necessary.	<u>Diabetic Insulin Teaching</u> Slide Tape "Fine Points in Diabetic Care" (Drug Therapy) <u>AJN</u> 76:594-9 April '76 "Diabetic Out of Control" <u>Nursing</u> 73 3:10-5 May '73	Name the different kinds of Insulin, include the peak period and length of duration. Differentiate between the types of diabetic conditions in relation to whom oral hypoglycemia may be prescribed.

COURSE OUTLINE

COURSE NUMBER COURSE TITLE Nurse Refresher CREDIT HOURS
Young Adult Case Study - Diabetes

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the signs and symptoms of Insulin Shock in the diabetic patient.	4:20 p.m. - The charge nurse is making rounds and discovers Candy is perspiring heavily and her speech is slurred. She immediately gives her a glass of orange juice with 2 packets of sugar. Vital signs are: T: 100/R, P: 100, R: 28, BP: 130/80. Ten minutes later there is no apparent change and another glass of orange juice is administered. Lab arrives and performs the ordered 4:30 p.m. blood sugar. At 4:45 p.m. Candy is talking coherently. She complains of a headache and asks what happened. The lab reports the blood sugar at 40 mg. per cent. Dr. Peters is notified and diagnoses the Insulin reaction. He orders the 7:30 a.m. Lente Insulin order reduced to 15 Units sub q. The nurse discusses the reaction with Candy and reviews the symptoms of onset with her. Candy remembered a heavy feeling in her legs and numbness in her lips which made talking difficult. The nurse uses this opportunity to teach signs of Insulin reaction and what to do to treat it.		Recall the normal blood sugar level. Define hypoglycemia. Differentiate the signs and symptoms of Acidosis and Insulin Shock. List the types of sugar that may be used for the patient in Insulin Shock.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Diabetes

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Correlate the complications of diabetes in relation to teaching preventative measures.	She informs her that the daily dose of insulin will be reduced slightly. 7:30 p.m. - Mr. and Mrs. Brach arrive to visit Candy and attend the diabetic teaching class. This is the last session and possible complications and preventative measures are covered. 5 days later - Dr. Peters visits Candy. He discusses her present condition; the Bronchitis is cleared and her diabetes appears controlled on 15 Units of Lente Insulin daily. She has completed her diabetic teaching classes and the nurses and dietician feel she is knowledgeable about her condition. She is able to perform the C and A tests properly. The sliding scale insulin has been discontinued for 5 days. She has selected her own menu over the past week and prepared practice menus which included packing a lunch when she works. The inservice department has provided diabetic teaching manuals which included a card to carry in her billfold providing	Review complications of diabetes and teaching preventative measures. "Classes to Improve Diabetic Self-Care" <u>AJN</u> 75:1324-6 August '75 "Diabetes and Diet: Questions Patients Ask" <u>Consultant</u> 16:31-2 March '76 "Diabetics Speak Out: What Patients Say They Aren't Taught About Self Care" <u>Nursing Update</u> Vol. 4 No. 5 May '73 "Keeping the Diabetic on a Diet" <u>Nursing Care</u> 8:22 September '75 Discuss and provide pamphlets on Diabetes (in Vertical File) - Inservice Departments in Hospital - Public Health Department Medic Alert Tags and Cards	List the possible complications of diabetes. Describe the preventative measures taught to the diabetic patient to prevent or reduce complications. List the name of 2 pamphlets which may be given to the diabetic patient.

Recognize the printed material available on diabetes.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Diabetes

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	emergency information. Mrs. Brach brought a bracelet "Medic Alert" with diabetic inscribed on it and Candy has displayed it for all her visitors. Dr. Peters dismisses her after ordering the Lente Insulin and equipment she will need. She is given an appointment to see him in one week.	<u>Getting Started; A Program For Learning About Diabetes</u> Cassette Tape "Giving Diabetics Control of Their Own Lives" <u>Nursing 73</u> 3:44-9 September '73	

NURSE REFRESHER

CONTENT INCLUDED

A. Young Adult Case Study: Thrombophlebitis and Leukemia

1. Growth and Development
2. Thrombophlebitis
3. Warm Moist Packs
4. Ace Bandages
5. TED Stockings
6. IV Heparin Plug
7. Medications
8. Laboratory Procedures
 - a. Lee White Clotting Time
 - b. Stool for Occult Blood
 - c. Blood Culture
 - d. Prothrombin Time
 - e. Bone Marrow
 - f. Platelet Count
9. Specific Altered Lab Values
10. Leukemia
11. Cobalt Radiation Therapy and Related Nursing Care
12. Emotional Needs
13. Usual Course of the Disease Process
14. Home Going Teaching

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Thrombophlebitis and Leukemia

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize principles of growth and development in relation to care of the young adult with thrombophlebitis and leukemia.	<u>Young Adult Case Study - Thrombophlebitis and Leukemia</u> Lucas Marrow is a 28 year old farmer who is responsible for 1200 acres of tillable land in the summer. He lives with his wife, Joan, and 2 children, Mary age 11, and John age 9, on his father's homestead in a modestly furnished home. His parents have moved to town, but his father helps with the cultivating and harvesting. Lucas has had reoccurring bouts of sinus infections over the past year. At Christmas it was diagnosed as chronic sinusitis with acute exacerbation. He used steam inhalation, Vitamin B₁₂ injections and antibiotics. In February he was referred to an EENT specialist and much of the same treatment was prescribed. He has had remissions and exacerbations. April 28, 4:00 a.m. - He is admitted to the hospital with thrombophlebitis of the left lower leg. It is red, swollen, tender to touch with pain since the 24th. He had been using	See card file "Thrombophlebitis", "Cancer", "Death & Dying" Group process presentation of case study with instructor as resource moderator. Cancer Society pamphlets Smith, Germain, <u>Care of the Adult Patient</u>, pp. 574-80 and 239-40 and 676-8 Brunner, <u>Medical-Surgical Nursing</u> 3rd ed., pp. 496-7 and 468-71 Shafer, <u>Medical-Surgical Nursing</u>, 6th ed., pp. 416-7 and 392-3 "Nursing Decisions: A Postsurgical Patient With Leg Pain" RN 38:25-31 October '75 "The Threat of Thrombophlebitis" <u>Nursing</u> 73 3:38-43 November '73	The participant will present content of the case study via the group method with discussion and demonstration of procedures and presentation of content in this column. List the signs and symptoms of thrombophlebitis including the etiology.



COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Thrombophlebitis and Leukemia

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
170	a post hold digger and had his leg support it while he turned it. He noticed a "Charley Horse" afterwards and limped because of minor pain. He applies a heating pad and Bengay. However, it became discolored and very difficult to walk. His temperature had risen to 102°-103°F. orally a few days prior to admission. He noticed a lack of energy since November and had a bloody discharge from his nose in February. There was a possible change that he had lost some weight and felt it took longer for him to heal than in the past. On physical exam he exhibited the following: - Bloody crusts in nares - Few small hemorrhagic lesions over face in area of shaving - Moderately enlarged spleen and liver - Pain on percussion in sternum and right rib area - Deep vein thrombosis left calf - BP: 140/90, T: 100, PL 96, R: 20 The following orders have been instituted:		171

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Thrombophlebitis and Leukemia

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the nursing action in regard to specific treatments and procedures carried out for the patient with thrombophlebitis.	Foot of bed elevated Warm moist packs to left lower leg, 2 hours Tid Ace bandage applied when moist packs off TED stocking on entire right leg IV Heparin plug in left lower arm May place bath blanket below left knee	Discuss: Warm moist pack application Demonstrate: Proper application of ace bandage TED Stockings - measurement and application IV Heparin plug	Explain the nurse's responsibility for care in each of the following: 1. Warm moist pack 2. Ace bandage wrap 3. TED stockings 4. IV Heparin plug
Identify the nurse's responsibility in relation to teaching the patient about specific treatments and procedures.	11:15 a.m. - Dr. Smith writes the following orders: 1. Vital signs every 4 hours 2. Tylenol 10 grains orally every 4 hours prn for temp. 102°F and over 3. Regular diet 4. Lee White - clotting time stat then: 5. 7500 Units via Heparin plug stat 6. Chest x-ray 7. Stool for occult blood daily 8. CBC, UA, BUN, Glucose 9. Strict bedrest 10. Repeat Lee White clotting exactly 3½ hours post first Heparin injection, call results 11. Blood culture stat 12. Prothrombin time 13. Dalmane 30 mg. oral at H.S. 14. May elevate head of bed 15. Bone marrow in a.m.	"Key to Using the Heparin Lock" <u>Nursing 74 November pg. 52+</u> PDR <u>Heparin Injections - Slides</u>	List the action and side effects of Tylenol. Explain the rationale for using Tylenol for the case study patient rather than aspirin. List the rationale for performing the following tests and/or procedures: 1. Lee White clotting time 2. Stool for occult blood 3. CBC, UA, BUN, glucose 4. Strict bedrest 5. Blood culture

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Thrombophlebitis and Leukemia

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize the relationship between the clotting time of the blood and administration of anti-coagulants.	16. Platelet count today 17. Observe closely for hemorrhage. If occurs, administer 1 cc Aqua Mephyton IV stat and hold Heparin As the nurse institutes the above orders she ponders the type of tests being ordered. She assesses that the doctor must be anticipating that Lucas may have a problem which predisposed him to the thrombophlebitis and frequent illnesses. At 4:25 p.m. the 3½ hour post Heparin Lee White is drawn, the results are called to Dr. Smith. He orders: 1. 7500 Units Heparin via plug 2. Then do Lee White every 4 hours before Heparin. If between 14-21 minutes give 7500 Units. If above 21 minutes give 5000 Units May 3 - Lucas has progressed to a daily dose of Coumadin orally which is regulated by the results of a daily prothrombin level. The Heparin plug has been discontinued and his evening temperature spikes are less frequent. He is able to ambulate with help but	Lee White Clotting Time and Prothrombin Time Sheet	6. Prothrombin time 7. Bone marrow 8. Platelet count Explain what the nurse should tell the patient in relation to each of the above. Tell the action and side effects of Heparin and Aqua Mephyton. Recall action and side effects of Daimane. Explain the rationale for drawing a Lee White clotting time before administering Heparin. Tell why the anticoagulant (Heparin) is administered Intravenously. List the action and side effects of Coumadin.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Thrombophlebitis and Leukemia

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the alterations in laboratory test results as they relate to the patient with leukemia.	appears pale and weak.		
	10:00 a.m. - Dr. Smith reviews the results of the following tests:		
	CBC 4-28 4-29 Normal		
	WBC: 50.0 48.6 5.0-10.0		
	RBC: 3.0 2.9 *3.5-5.4		
	Hgb: 10.0 9.4 *12-16		
	Hct: 36 34 *40-50		
	*Vary for male and female		
	Erythrocyte Indices		
	MCR: 20.0 Normal		
MCH: 37.1 82-96			
MCHC: 35.2 27-32			
	Differential		
	Band Seg Eos Lymph Mono		
	4-28 20 18 1 60 1		
	4-29 30 16 0 54 0		
	Platelets		
	350,000/ cu. m.m.		
	Normal: 300,000/ cu. m.m.		
	Chem Profile: (Only alterations listed)	Brunner, Medical-Surgical Nursing, 3rd ed., pg. 1115+ "Diagnostic Studies and Their Meaning"	
	Phosphorus: Result Normal		
	Glucose: 1.8 (2.5-4.5)		
	Cholesterol: 135 (65-120)		
		Cancer Source Book for Nurses 1975 RC263	
		A58	

PAGE 4

			List the etiology for alterations in the following laboratory tests and procedures in relation to the patient with leukemia:
			1. White Blood Count
			2. Red Blood Cell Count
			3. Hemoglobin
			4. Hematocrit
			5. Erythrocyte Indices
			6. WBC Count Differential
			7. Platelets
			8. Chemistry Profile
			9. Bone Marrow

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Thrombophlebitis and Leukemia

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify a laboratory procedure most commonly used to diagnose leukemia.	Albumin 3.25 (3.5-5) Alkaline Phosphatase: 90 (30-85) Bone Marrow results: Hyperplastic with Myeloblastic invasion, indicative of chronic granulocytic leukemia. Dr. Smith visits Lucas whose wife is sitting at his bedside. He informs them that his suspicion of an underlying problem which caused the frequent illness over the past year was correct. The bone marrow test had confirmed a diagnosis of Leukemia. He explained what it was in relation to his symptoms and what the treatment would include and the possible side effects. He examined Lucas' leg and said that it was responding well to treatment. He left the following orders: 1. Type and crossmatch for 2 units of fresh whole blood, administer when available 2. Do hemoglobin and hematocrit post transfusion - call results	Trainex Film "Care of Leukemia Patient" Pamphlets on Leukemia in Vertical File Film: <u>Acute Leukemia Report</u> American Cancer Society	Define Leukemia. Differentiate between the 3 types of leukemia List the signs and symptoms exhibited by the patient with leukemia; include early to latent. Tell the rationale for administering fresh whole blood to the leukemia patient with a decreased hemoglobin and hematocrit.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study - Thrombophlebitis and Leukemia

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
180	3. Methotrexate 2.5 mg. oral Bid for 5 days only 4. Prednisone 7.5 mg. oral qid 5. Contact Dr. Klein in cobalt therapy to review case and prescribe appropriate course of treatment 6. May visit with children in the waiting room He made the following note in the progress record: Thrombophlebitis appears to be subsiding. Diagnosis of leukemia confirmed by bone marrow as chronic granulocytic. Will start on chemotherapy, cortisone and cobalt 9:30 p.m. - Lucas has received the 2 units of blood without any apparent reactions. Hgb is 11.4 and Hct is 37, results have been called to Dr. Smith. His wife, Joan, has gone home to care for the children. The nurse arrives to provide H.S. cares. As she gives the back rub she notices his tenseness. She asks if he needs anything and he replies, "I need to go home and forget this whole mess. You're a nurse, what is leukemia	Film: <u>Nursing Management of Pa- tient Receiving Radiation Therapy</u> American Cancer Society Film: <u>Emotional Reactions to Cancer in Clinical Practice</u> American Cancer Society Audio Cassettes: <u>The Many Crises in Cancer Nursing, Supportive Nurse-Patient Interactions in Cancer Nursing, Meeting Highlights</u> <u>National Conference on Cancer</u> American Cancer Society	Define action and side effects of Methotrexate and Prednisone. List the rationale for allowing young family members to visit a "terminal" patient. Tell the purpose of using cobalt therapy on the leukemia pa- tient; include the possible side effects. Describe the nurse's responsibility in pro- viding emotional suppor to the patient with leukemia. 181

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Young Adult Case Study - Thrombophlebitis and Leukemia

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the treatment available to the patient with leukemia and its expected outcome.	really?" The nurse asks him what the doctor has told him. He states: "Oh, he said it was something about cancer of the blood and he can give me medicine to slow it down but I'm going to get sicker. My leg is doing so much better. I need to get home. I've got plowing and planting to do." The nurse asks if his father can help with that. Lucas replies, "I guess he'll have to. I've got to get my strength back before I'll be any good to anyone." The nurse reassures him that he is right. She suggests that if he has any questions, he should write them down and ask Dr. Smith when he arrives. Lucas appears more relaxed, accepts a sleeping pill and spends a restful evening. May 7 - Chemotherapy and cobalt have been underway for 4 days. Lucas experienced nausea and vomiting after his 3rd cobalt treatment to his liver and spleen. He receives 10 mg. of Compazine IM at 8:00 a.m. and breakfast is held until after after his 9:00 a.m. cobalt treatment. He has	"Combining Talents for the Management of Cancer Patient" <u>Cancer</u> 36:623-6 August '75 "Cancer Chemotherapy Today" <u>Nursing Times</u> 70:547-8 April 11, '74 "Cancer Chemotherapy" <u>Nursing</u> 75 5:22-33 November '75 Brunner, <u>Medical-Surgical Nursing</u> 3rd ed., "Radiation Therapy" pp. 246-62 "Creative Nursing Care for Acute Leukemia" <u>Nursing</u> '73 Reserve shelf "Symposium on the Patient With Long-Term Illness" <u>Nursing Clin.</u> <u>NA</u> 8:623-31 December '73	List the action and possible side effects of Compazine and Tylenol with Codeine #3. Define cobalt radiation.

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Young Adult Case Study - Thrombophlebitis and Leukemia

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the safety precautions to be instituted by the nurse when providing care for the leukemia patient receiving anti-coagulants including instruction to the patient.	experienced increased abdominal pain and has received Tylenol with Codeine #3, one tablet on a prn basis every 4 hours. Special skin care precautions are instituted over the cobalt radiation site. Lucas has asked Dr. Smith when he can go home. He is planning dismissal is 2 days and will return on an outpatient basis to complete the cobalt treatments. His diet has been a Bland with low residue and inbetween feedings post nausea. Diet instructions and a copy of the diet is given to Mrs. Marrow. Lucas will return to Dr. Smith's office daily for a prothrombin level and the Coumadin dose will be regulated accordingly. He has received Surbex T 1 daily and will continue this after dismissal. Dr. Smith asked the nurse to teach Lucas and his wife the necessary safety precautions while he received anticoagulants. He makes the following note on the progress record:	"What Contributes to Hope in the Cancer Patient?" <u>AJN</u> 75:1353-6 August '75	Outline a nursing care plan for the patient receiving cobalt therapy including: 1. Prevention and treatment of nausea and vomiting 2. Prevention and treatment of pain 3. Special diet planning 4. Special skin care Describe the usual course of the disease process of leukemia and the usual outcome including: 1. Treatment side effects 2. Remissions 3. Exacerbations 4. Infection 5. Hemorrhage 6. Isolation 7. Occupational restrictions 8. Dietary needs 9. Emotional 10. Socioeconomic List the action and possible side effects of Surbex T.

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Young Adult Case Study - Thrombophlebitis and Leukemia

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	Thrombophlebitis clearing, will maintain on daily dose of Coumadin after dismissal. Appears to be accepting diagnosis of leukemia at this time. Received good results from Chemotherapy. Will continue cobalt as outpatient. Apparent remission of case at this time. Hbg and Hct in low normal. Will follow closely in office for possible exacerbations.		Outline a home going teaching plan for the patient on anticoagulants with a diagnosis of leukemia.

NURSE REFRESHER

CONTENT INCLUDED

Young Adult Case Study of Pregnancy, Labor, Delivery, Puerperium, and Post Partum Psychosis

A. Pregnancy

1. Growth and Development
2. Nutrition
3. Medications
4. Laboratory Procedures and Values
 - a. Blood type
 - b. Rh type
 - c. CBC
 - d. Pap smear
 - e. UA
5. Signs of Pregnancy
6. Complications of Pregnancy
7. Psychological Effects of Pregnancy
8. Prenatal Education

B. Labor and Delivery

1. Hospital Admission Procedure
2. Medications During Labor
3. Laboratory Procedures and Values
 - a. Cord blood in Rh negative mother
4. Nursing Procedures
 - a. Perineal prep
 - b. Fetal monitor
 - c. Recall enema, catheterization, and I.V.
5. Legal Permits Required
6. Complications of Pregnancy
7. Physical and Emotional Support
8. Episiotomy
9. Forceps
10. Circumcision

C. Puerperium

1. Growth and Development
2. Nutrition
3. Medications
4. Laboratory Procedures and Values
 - a. Rho gam
5. Lactation
6. Physical and Emotional Support
7. Self Breast Exam
8. Exercises
9. Contraceptives
10. Return Visits For Mother and Infant - Including Immunizations

D. Post Partum Psychosis

1. Signs and Symptoms
2. Treatment
 - a. Psychotherapy
 - b. Medications

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COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Young Adult Case Study of Pregnancy, Labor, Delivery, Puerperium, and Post Partum Psychosis

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize principles of growth and development in relation to pregnancy and the young adult female. Recognize the purpose of prenatal care in relation to the nurse's role. Identify lab tests done during pregnancy.	<u>Case Study of Labor and Delivery With Post Partum Depression</u> Mrs. Ima Term is a 29 year old housewife reporting to the Prenatal clinical 2 weeks after her 2nd missed menstrual period. Her husband Bill is a truck driver and frequently out of town for several week periods. Mrs. Term's previous obstetrical history includes on spontaneous abortion at 12 weeks gestation and one stillborn at 28 weeks gestation. Her L.M.P. (last menstrual period) was August 15. Ima did not have prenatal care with her previous pregnancies. She is extremely concerned about this pregnancy and realizing now the importance of prenatal care. Lab tests are done and results are: Pap Smear - negative Type - O Rh - negative Serology - negative Gravindex - positive RBC - 4.4 million WBC - 8,000 Hgb. - 12.5 gm.	Read: Fitzpatrick, <u>Maternity Nursing</u>, pp. 109-206, pg. 87 Vertical File - Obstetrics - Prenatal Care Fetal Development Abortions Cassetts Tape <u>Conception and Prenatal Development</u>, (15 minutes) <u>Life Before Birth</u> Vertical File - Obstetrics - Prenatal Read: Learnch, Constance, <u>Maternity Nursing</u>, pp. 117-127 Read: Broadribb, Corliss, <u>Maternal - Child Nursing</u>, pp. 67-84 See Nurse Refresher card file	The participant will present the content of the case study via the group process method with discussion, demonstration and presentation of content in this column. Calculate E.D.C. (estimated date of confinement) by using Nagel's Rule. Determine Mrs. Term's gravida and para including present pregnancy. Discuss the role of the nurse in the prenatal clinic and obstetrician's office. Tell value of lab tests done during pregnancy. Recall normal CBC and UA values. Discuss O negative blood type in relation to pregnancy.

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Case Study of Labor & Delivery

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify purpose of physical exam done on first prenatal visit. Recognize signs of pregnancy displayed during the first trimester of pregnancy. Identify normal pelvic measurements and their relationship to pregnancy. Synthesize emotional changes during pregnancy.	Hematocrit - 38% UA - Albumin - negative Sugar - negative Her BP is 118/72, TPR - 98² - 84 - 18 Weight at L.M.P. was 120 - is now 122 Dr. Jones does a complete physical exam which he finds to be normal. Upon pelvic exam he finds the uterus to be enlarged approximately to the size of a 2 month pregnancy. The cervix is soft and the cervix and vagina are bluish in color. Other signs of pregnancy Ima has experienced are morning sickness, tender and fullness of breasts, urinary frequency, and fatigue. Pelvic measurements are done and results are as follows: Diagonal Conjugate - 13.0 cm True Conjugate - 11.0 cm Transverse diameter of the outlet - 8.5 cm Ima is concerned about times when she just feels like crying and the next minute she's laughing. Her husband said he thought she needed some tranquilizers.	Cassette Tape: Signs & Symptoms of Pregnancy - 20 minutes Read: <u>Broadribb, Corless, Maternal-Child Nursing</u>, pp. 56-58 "Reported Effects From Drugs Taken During Pregnancy", <u>Nursing Update</u>, 5:14+ April '74 "Prenatal Care, Which Drugs for Pregnancy Patient?", <u>Patient Care</u>, 8:54+ March '74	Discuss value of physical exam on first prenatal visit. Discuss signs of pregnancy during the first trimester. Recall A & P of the reproductive system. Discuss pelvic measurements and how they are obtained. Describe emotional changes during pregnancy and methods of coping with these.

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Case Study of Labor & Delivery

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize spontaneous abortion as a complication of the first trimester of pregnancy.	Ima also expresses concern to Mrs. Smith, R.N., about losing this baby. Mrs. Smith stresses the importance of prenatal care and reassures her that her pregnancy is progressing fine.	"Depression - The Mental 'Cold'" <u>Nursing Mirror</u> , 137:46-7 October 5, '73 "Catecholamines & Depression". <u>AJN</u> 74:2018+ November '74 Read: Broadribb, Corliss, <u>Maternal Child Nursing</u> , pg. 70 Read: Fitzpatrick, <u>Maternity Nursing</u> , pp. 458-462 OR Broadribb, Corliss, <u>Maternal-Child Nursing</u> , pp. 111-113	Discuss usage of tranquilizers during pregnancy. Discuss abortions including preventative care and use of medications such as progesterone.
Identify the stages of fetal development during the first trimester.	Ima asked Mrs. Smith about the size of her baby now and what parts are formed. Mrs. Smith goes on to describe the size of Ima's fetus and realizing this is a good time to emphasize nutritional needs for fetal growth, Mrs. Smith also includes teaching about nutrition during pregnancy and recommended weight gain.	Read: Fitzpatrick, <u>Maternity Nursing</u> , pp. 82-84 OR Broadribb, Corliss, <u>Maternal-Child Nursing</u> , pp. 69-70 and 76-79 Show: Pictures of Fetal Size Read: Williams, <u>Nutrition and Diet Therapy</u> , 2nd ed., pp. 359-374	Describe fetal development during the first trimester. List a sample menu for a day for Mrs. Term.
Identify the basic nutritional requirements during pregnancy.	Dr. Jones prescribes Pramlets for Ima to take daily. Mrs. Term is instructed to return every month to the clinic.		List the actions, side effects, and related rationale for using Pramlets.

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Case Study of Labor & Delivery

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify normal weight gain during first trimester of pregnancy.	Irma returns to the clinic at her scheduled monthly appointments. Her weight gain has been 4 pounds during the first trimester. She is now in her 5th month of pregnancy and returns to the clinic for her monthly appointment. Her BP is 126/80 - Weight is 131 pounds - Hgb. is 12.0 gms - Hematocrit is 36% - UA-Sugar - negative - Albumin negative. FHT are heard for the first time. Ima had felt movement 2 weeks ago.	<u>Conception and Prenatal Development</u> - Audio tape Read: Broadribb, Corliss, <u>Maternal - Child Nursing</u>, pp. 85-98	Compare Ima's weight gain to normal weight gain during first trimester of pregnancy. Tell when movement occurs and when FHT's are first heard.
Identify normal skin changes that occur during pregnancy.	Ima has developed linea nigra and a few striae gravidarum. She expresses concern over this and wants to know what she can do to prevent them. Mrs. Smith explains these are normal changes and nothing can be done to prevent them.	"Antenatal Screening Procedures", <u>Nursing Times</u>, 70:506-7 April 4, '74 "Case Study in OB", <u>Nursing Care</u>, 8:20+ August '75	Describe skin changes that may occur during pregnancy.
Recognize physical discomforts that occur during the second trimester.	Ima complains of heartburn and asks if she can take some baking soda for relief.		Discuss treatment of physical discomforts such as heartburn, constipation, backache, and muscle cramps.
Recognize normal physical and emotional changes during the second trimester of pregnancy.	Ima is also concerned about her increased abdominal size and loss of physical attractiveness.	"A Nurse Looks at Childbirth Anxiety", <u>JOCN</u>, 3:52+ January-February '74	Discuss normal body changes and how to cope with Ima's feelings.

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Case Study of Labor & Delivery

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize fetal development during the second trimester of pregnancy.	Mrs. Smith goes on to explain the changing size of her abdomen is due to fetal growth inside the uterus. Mrs. Smith informs Ima about prenatal classes being conducted at the clinic and stresses the importance of Ima and her husband attending. Due to Mr. Term's job, he won't be able to attend all the classes.		Describe fetal development during the second trimester of pregnancy.
Recognize complications that can occur during the second trimester of pregnancy.	Mrs. Smith explains some danger signals to be alert for such as vaginal bleeding, signs of premature rupture of membranes and premature labor, and symptoms of toxemia.	Read: Fitzpatrick, <u>Maternity Nursing</u> , pp. 447-465 OR Broadribb, Corliss, <u>Maternal Child Nursing</u> , pp. 118-120	Outline information to be included in prenatal classes (including Read and Laraze Method of breathing).
	Ima continues to return for her monthly visits until the 7th month and is now returning every 2 weeks.	Cassette Tape - Complications of Pregnancy - 20 minutes	Explain danger signals that would indicate complications during the second trimester of pregnancy.
Identify effects of lowered renal threshold during pregnancy.	She is now in her 8th month of pregnancy and returns to the clinic for a routine check. Her B/P is 130/88 - weight - 138 lbs. Hgb. 10.4 gms, Hematocrit 30%, UA - Sugar - trace, Albumin - negative. Mrs. Smith asks when she collected her urine specimen Ima had forgotten to get a specimen until about 1 hour after	Read: Broadribb, Corliss, <u>Maternal Child Nursing</u> , pp. 99-108 "First Concerns in Post Partum Period", <u>Patient Care</u> , 9:58+ February 1, 1975 <u>Life Before Birth</u> SFS R6525 T5	Explain purpose of collecting urine specimen in early a.m.

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OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize physical discomforts that may occur during the third trimester of pregnancy. Identify normal fetal development during the third trimester of pregnancy. Identify emotional changes of the expectant mother during the third trimester of pregnancy.	breakfast which consisted of french toast with syrup - juice and milk. Mrs. Smith emphasized the importance of collecting the urine specimen before breakfast. Ima is experiencing some dyspnea. Mrs. Smith explains this is due to the enlarging uterus pressing on the diaphragm. She also explains the fetal development and growth during this trimester. Ima has been attending prenatal classes and has been practicing her exercises and breathing techniques at home. So far Mr. Term has only been able to attend 2 classes, but he is becoming more interested in the approaching labor and delivery. He has expressed a desire to be in the delivery room. Ima has some fears concerning labor and delivery. Her husband has been describing her labor to Ima in detail and how the labor was. The prenatal classes have helped alleviate some of these fears, but she is looking to Mrs. Smith for reassurance. Dr. Jones does a vaginal exam	Reference - Antle, Katharyn, <u>Psychologic Involvement in Pregnancy by Expectant Fathers</u>, JOGN July/August 1975, pp. 40-42 Read: Lerch, Constance, <u>Maternity Nursing</u>, pp. 64-66	Describe physical discomforts that may occur due to physical changes during the third trimester of pregnancy. Outline fetal development and growth during the third trimester. Discuss changes in maternity nursing and pros and cons of fathers in Delivery Room. Discuss fears expectant mothers experience during the third trimester of pregnancy and how the nurse should respond

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OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify causes of drop in Hgb. during pregnancy and rationale for treatment.	on Ima. He tells her the baby is in a normal vertex position. Upon questioning Ima about her diet, Dr. Jones learns she hasn't been eating a well balanced diet due to heartburn and a feeling of fullness after eating a small amount of food. He instructs her on eating more frequent smaller meals such as 6 small feedings. He also orders Amphojel for her heartburn.	"Eating for Two", <u>Nursing Times</u> , 69: 1248+ September 27, 1973 "Prenatal Care - Which Drugs for the Pregnant Patient?", <u>Patient Care</u> , 8:54-6+, March 1, 1974 "Reported Effects from Drugs Taken During Pregnancy", <u>Nursing Update</u> , 5:14+ April '74 Read: Rodman, Smith, <u>Clinical Pharmacology in Nursing</u> , pp. 415-417 PDR Read: Fitzpatrick, <u>Maternity Nursing</u> , pp. 315-316 Broadribb, Corliss, <u>Maternal Child Nursing</u> , pp. 256-258	List actions, side effects, and related rationale for using Amphojel and Feosol.
Identify advantages of breast and bottle feeding the newborn infant.	Due to the drop in Hgb. to 10.4 gms. he prescribes Feosol 1 tablet daily. Dr. Jones takes the opportunity to discuss with Ima analgesics and anesthetics used during labor and delivery. Ima is uncertain if she wants to breastfeed or bottlefeed her baby. Mrs. Smith is able to explain advantages of both methods. Ima thinks she would like to try breastfeeding. Mrs. Smith gives her some booklets about breastfeeding. Mrs. Smith reviews with Ima the danger signs she should report to her doctor and signs of active labor.	Handout - Breast Feeding Vertical File Obstetrics - Care of Newborn	Compare breast and bottle feeding. Discuss LaLeche League. Recall danger signals during pregnancy.

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OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify premonitory signs of labor.	These were explained to Ima during prenatal classes also. Ima is instructed to return to the clinic every week during her ninth month.	Read: Fitzpatrick, <u>Maternity Nursing</u> , pp. 466-468 and pp. 213-215 OR Broadribb, Corliss, <u>Maternal Child Nursing</u> , pp. 115-117	Explain complications that can occur during the third trimester of pregnancy. Discuss premonitory signs of labor.
Differentiate true and false labor contractions.	Mrs. Term is now at 41 weeks gestation. She had 2 episodes of false labor the past 2 weeks.	Read: Fitzpatrick, <u>Maternity Nursing</u> , pp. 216-271 OR Broadribb, Corliss, <u>Maternal Child Nursing</u> , pp. 129-159	List necessary questions to ask when admitting patient to the labor room.
Define the first stage of labor.	Mrs. James is admitting Ima to the hospital at 1 p.m. Ima's husband, Bill, admits her in the office.	Cassette and Film Strip 1. Admission of Patient to the O.B. Unit 2. Physiology of Labor 3. Observing Contractions 4. Observing FHR	Explain proper method of timing contractions.
Identify necessary information to obtain when admitting patient to labor area.	Her contractions started at 10 a.m. They are now every 3-4 minutes, lasting 40 seconds and moderate in strength. She had some bloody show and her BOW (Bag of Waters) was intact. Vital signs are BP 130/88 - FHT - 148 - TPR - 98 ⁴ -80-18. Other questions were asked in regard to a brief medical history. Ima's pregnancy record was available for her obstetrical history.		
Identify proper method of timing contractions.	A sterile vaginal exam revealed Ima's cervix was 3 cm's dilated, 80% effaced, and at 0 station. Dr. Jones was notified	Materials - Obstetrical Chart Dilatation Chart	Define dilatation, effacement and station.
Identify the first phase of labor.			

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OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize purpose of lab tests, medications, and treatments done during labor. Identify husband's role during labor. Recognize purpose of circumcision.	of Ima's admission. His orders were: 1. C.B.C. 2. Partial Perineal Prep 3. Soap Suds enema 4. 1000 cc 5% D/Lactated Ringers Solution, to be started I.V. with #18 Jelco when patient is 5 cms 5. Phenergan 25 mg. I.V. push 6. Demerol 50 mg I.M. 7. Catheterize p.r.n. After receiving the prep and enema, Ima was now 4 cms dilated, 90% effaced, and 0 station. Her contractions are every 3 minutes, lasting 45 seconds and moderate in strength. Bill and Ima are utilizing the information learned during prenatal classer, especially the breathing practices. Ima is using the Read method of abdominal breathing. Bill is doing well coaching Ima during her contractions and keeping her relaxed. Mrs. James has Bill sign the necessary permits allowing him to be present in the Delivery Room. Ima also signs a permit allowing	Overhead Projector: Degrees of Engagement Handout - Patient Behavior During Labor Vertical File - Obstetrics - Labor and Delivery <u>Birth Without Violence</u>, RG661 L4 "Catheterizing the Maternity Patient", <u>AJN</u> 75:829 May '75	Explain purpose of Dr. Jones' orders. Recall procedure of doing enema, catheterization, and starting I.V. Describe procedure of doing perineal prep. Recall breathing and relaxation methods. Discuss legal implications of fathers in delivery room (including pros and cons). Recall definition of circumcision.

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OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify purpose of using fetal monitor.	Dr. Jones to do a circumcision if they have a baby boy.	"Electronic Monitoring of the Fetus", <u>AJN</u> , July 1974, pp. 1294-1298	Describe circumcision procedure, including legal implications.
	Mrs. James applies the external fetal monitor to Ima. She explains to Ima and her husband the purpose of using the fetal monitor.	Handout - Fetal Monitor	Discuss use of the fetal monitor (including external and internal).
	Ima's BP has been ranging 126/84 to 130/86. The FHT ranges from 136 - 148.	Cassette Tape "Fetal Monitoring: How It Can Help Prevent Brain Damage", <u>Nursing Update</u> , Vol. 4 No. 9 September '73	Define fetal positions.
Describe the second phase of labor.	Dr. Jones examines Ima vaginally. The cervix is 5 cms dilated, 100% effaced, and +1 station. The baby is in a LOA position. Dr. Jones performs an amniotomy and inserts the internal fetal electrode and catheter at this time. The amniotic fluid is slightly green tinged in color.	"Nurses Undertake Direct & Indirect Fetal Monitoring...", <u>JOGN</u> 3:41+ September/October '74	Define Amniotomy. Discuss nursing care and complications that may occur with ruptured membranes.
Identify meconium stained amniotic fluid as sign of fetal distress.	Ima is becoming more uncomfortable with her contractions. They are now every 2 minutes lasting 50-60 seconds, and hard in strength. Mrs. James has been giving Ima frequent back rubs - changing her position frequently.		Tell reason for meconium stained amniotic fluid.
	Ima has been unable to void so		Outline nursing care of a patient during labor.
			Recall catheterization procedure.

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Case Study of Labor & Delivery

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify purpose of intravenous therapy and sedation during labor.	Mrs. James catheterizes her. 500 cc of clear urine is obtained and specimen sent to lab. Mrs. James starts the I.V. and gives Ima Phenergan 25 mg. I.V. and Demerol 50 mg I.M. at 6 p.m. At this time Mrs. James puts up the side rails and explains why to Ima and Bill.	"Analgesia and Anesthesia", <u>Nursing Mirror</u>, 141:60-3 July 3, 1975	List the actions, side effects, and related rationale for the use of Phenergan and Demerol.
Identify the transitional phase of labor.	One hour later (7 p.m.) Ima's contractions are every 2-3 minutes, lasting 45-50 seconds, and hard in strength. BP - 130/88, TPR - 98°-90-20, FHT ranging from 132-150. Vaginal exam reveals cervix is 8-9 cm's and 100% effaced. Baby is in LOA at +1 station. Ima is feeling increased rectal pressure. She asks Mrs. James if she can push with contractions. Since she isn't complete dilated, Mrs. James has her do panting breathing during the contractions.		Explain the use of panting breathing during the transitional phase of labor.
Identify signs of the second stage of labor.	15 minutes later Ima expresses the desire to push and states, "I feel like the baby is coming". Mrs. James examines her and finds the cervix completely dilated and the presenting part is at +2 station. Ima is moved to the		Discuss signs of the second stage of labor.

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Case Study of Labor & Delivery

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize types of anesthesia used during delivery. Identify types of episiotomy. Recognize indications for use of forceps. Identify mechanisms of labor. Recognize the needs of the newborn immediately after delivery.	Delivery Room per cart. Bill is shown where to change into scrub clothes. Ima is given instructions in how to push with the contractions. She is secured in stirrups, the perineal area prepped, and draped with sterile drapes. Dr. Jones does a pudendal block. Dr. Jones does a midline episiotomy. Ima is able to push very effectively, so Dr. Jones does not need to use forceps. Dr. Jones delivers a viable female in LOA position at 7:55 p.m. She cries spontaneously and Dr. Jones suctions the nasal and oral passages. Both Ima and Bill are able to see the delivery of their daughter and are elated to see a healthy daughter. After the cord is clamped and cut baby girl Term is taken to the infant warmer and necessary care given, such as suctioning, providing warmth, Apgar Scoring, eye care, and proper identification.	Cassette Tape - Anesthesia and Analgesics for Childbirth Read: Fitzpatrick, <u>Maternity Nursing</u>, pp. 225-235 Read: Fitzpatrick, <u>Maternity Nursing</u>, pp. 220-223 OR Broadribb, Corliss, <u>Maternal Child Nursing</u>, pp. 161-171 "Care and Repair of the Perineum" <u>Nursing Times</u>, 70:301-2, February 28, 1974	Discuss types of anesthesia used during delivery. Describe types of episiotomy, including advantages of each type. Explain types of forceps used to facilitate delivery. Recall the needs of the newborn immediately after delivery.

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Case Study of Labor & Delivery

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Define puerperium.	taken to the newborn nursery for observations and care. Her weight is 7 lbs. 11 oz. After Ima's condition has stabilized, she is transferred to her room on post partum. Bill has gone home to get some rest before he goes out of town. He will be gone for approximately a week. So Ima will be taking the baby home by herself. Bill talks to Miss Alexander, the post partum nurse, concerning Ima going home by herself and if arrangements could be made to have a nurse visit her after she goes home. Miss Alexander reassures Bill she will contact the Health Department's visiting nurse association. Dr. Jones' post partum orders are as follows: Medications 1. Ergotrate gr 1/300 - tid x 2 days 2. Zymenol 3 ss bid 3. Seconal gr iss h.s. prn 4. Empirin with Codeine gr ss q4h prn 5. Mammol oint to nipples prn	Reference: Wheeler, Linda, "A Concept of Maternity Care", <u>JOGN</u>, January/February 1976, pp. 15-17 "Rooming In", <u>Nursing Times</u>, 70:1245+, August 8, 1974 "The Fourth Stage of Labor: Family Integration", <u>AJN</u>, May '74 Read: Fitzpatrick, <u>Maternity Nursing</u>, pp. 293-338 OR Broadribb, Corliss, <u>Maternal Child Nursing</u>, pp. 201-230 Vertical File: Obstetrics - The Puerperium Cassette and Filmstrip: Management of Puerperium and Characteristics of the Normal Neonate	Discuss complications that can occur in the first hours after delivery. Recall admitting procedures and daily care of the newborn. Discuss physiological changes during the puerperium. Outline nursing care and teaching of a patient during the puerperium. List the actions, side effects, and related rationale of Ergotrate, Zymenol, Seconal, Empirin with Codeine, and Mammol oint.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Case Study of Labor & Delivery

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize the physiological and psychological changes that occur during the puerperium. Identify methods in determining an Rh negative mother's eligibility to receive Rhogam.	Nursing Care: 1. Sitzbath bid st. Post Partum Day 2 2. S. S. enema (if needed) on Post Partum Day 3 3. C.B.C. on Post Partum Day 3 4. General diet 5. Rhogam screening During Ima's 1st and 2nd Post Partum days she is progressing normally. Fundus is firm ↓ 2. She is having a moderate amount of Lochia serosa now. She is voiding in large amounts and her episiotomy is healing adequately. The cord blood results are: 1. Baby's type - O 2. Rh - positive 3. Direct Coombs - negative Ima's Rhogam screening results indicate she hasn't developed any Rh antibodies and she is eligible to receive Rhogam. After Ima had signed the permit to receive Rhogam, she is given the injection 48 hours after delivery. Ima is becoming more concerned about taking care of Susan at home.	Reference: Timberlake, Bobbie, "The New Life Center", <u>AJN</u>, September '75 pp. 1456-61 Rubin, "Maternity Nursing Stops Too Soon", <u>AJN</u>, October 1975 pg. 1680 Handout - Rhogam "A Primipara's Feelings on the 2nd Post Partum Day", <u>Maternal-Child Nursing Journal</u>, 4:129+ Summer '75 "Baby Blues", <u>Nursing Mirror</u>, 141:61-2 September 18, '75	Discuss physiological and psychological changes during the first week post partum. Explain when Rhogam is given to the Rh negative mother.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Case Study of Labor & Delivery

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	Miss Robbins, Student Nurse, has been discussing the teaching books with Ima, including her own care and diet and also the care of her newborn daughter, Susan. Ima attends the bath demonstration and films shown regarding the newborn. On Ima's 3rd Post Partum day, Miss Robbins helps her in giving Susan a bath. Ima does quite well, but still expresses doubts as to being able to care for Susan adequately at home, especially since Bill isn't home. Miss Robbins explains to Ima about the possibility of the visiting nurse to come help her. Ima agrees to this and a visit is scheduled for 3 days after Ima goes home.	Vertical File: Obstetrics and the Newborn Handouts - Infant Care <u>Care of the Maternity Patient</u>, RG951 V5	Outline a teaching plan for the mother in caring for her infant.
Identify the process of lactation.	Ima's breasts are engorged now and Susan is getting 1-2 oz. of breast milk at each feeding.	Read: Fitzpatrick, <u>Maternity Nursing</u>, pp. 501-505	Explain breast feeding of the newborn.
Recognize nutritional requirements of the lactating mother.	Miss Robbins discusses maintaining an adequate diet to provide for lactation.	Read: Williams, <u>Nutrition and Diet Therapy</u>, pp. 373-374	Describe possible complications such as breast abscess and mastitis. Outline a normal diet for the lactating mother

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Case Study of Labor & Delivery

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize complications that could occur during the puerperium.	Ima expresses concern about not having adequate money to buy the necessary meat, etc. After consulting the County Welfare Department, Miss Robbins finds that Ima is eligible for food stamps and arrangements are made for someone to visit Ima and fill out the necessary papers. Homegoing teaching for Ima includes how to do Self Breast Exam, exercises, untoward signs she should report to the doctor such as excessive bleeding, signs of infection and importance of returning to the clinic for her 1 month post partum check and Susan's 1 month checkup. Miss Robbins stressed the importance of keeping Susan's appointments at the clinic so she can receive the immunizations at the right time. Ima asks what she can use for contraception. She had taken pills _____ year after their marriage. Since then she hadn't used _____ form of contraception. Miss Robbins discusses methods available with Ima.	Pamphlet: Self Breast Exam, Exercises Read: Fitzpatrick, <u>Maternity Nursing</u>, pp. 493-501 "Emotional Crisis and Maternal-Child Nursing", <u>JOGN</u>, 5:30+ January/February '76 Read: Fitzpatrick, <u>Maternity Nursing</u>, pg. 335-338 OR Broadribb, Corliss, <u>Maternal Child Nursing</u>, pp. 225-229 Handout - Contraceptive Methods	List resources available for the low income families. Describe complications of the puerperium. Recall purpose of immunization. Outline patient teaching concerning contraceptives.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Case Study of Labor & Delivery

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize normal weight loss of the newborn.	On Ima's 4th Post Partum day, she is dismissed. At this time Susan is nursing well every 3-4 hours, taking 1-2 ounces of breast milk. Ima is instructed on using a demand feeding schedule at home. Susan had lost 6 ounces but has started to gain and now weighs 7 lbs. 6 oz.	Read: Fitzpatrick, <u>Maternity Nursing</u> , pg. 370 OR Broadribb, Corliss, <u>Maternal Child Nursing</u> , pp. 256-257	Explain amount of normal weight loss of the newborn.
Identify symptoms of post partum psychosis.	Ima's neighbor comes to get her and Susan. 3 days later when the Public Health Nurse visits Ima, she finds Ima sitting on the couch staring into space. The baby is crying in her crib. Susan's clothing is soiled, her diaper is dirty, and she has a bad diaper rash. Ima appears withdrawn and depressed. She expresses fears of harming the baby and has had problems with insomnia. The Public Health Nurse realizes Ima is in need of professional help and discusses the problem with Dr. Jones on the phone. Arrangements are made for Ima to be admitted to the Psychiatric Unit.	Read: Broadribb, Corliss, <u>Maternal Child Nursing</u> , pp. 235-236 Read: Detre, Jarecki, <u>Modern Psychiatric Treatment</u> , pp. 194-201 Reference: "Postnatal Depression", <u>Nursing Mirror</u> , May 1, 1975 pg. 68 "Advances in Psychiatry - Depression", <u>Nursing Times</u> , 70:1085 July 11, 1974	Discuss the patient with post partum psychosis.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Case Study of Labor & Delivery

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
226	Ima's husband will be back in town tomorrow so temporary arrangements for care of Susan will have to be made. During psychotherapy Ima expresses guilt feelings toward having a baby. Her two previous pregnancies which resulted in spontaneous abortion and still-birth, made her feel guilty since she didn't have any prenatal care and hadn't taken good care of herself. She feels something would happen to this baby, too. Ima responded well to psychotherapy and was placed on Tofranil 25 mg tid when she went home with weekly followup visits, to Mental Health clinic and coordination with Public Health Nurse to assure care of infant and mother.	"Maternity Nursing Stops Too Soon", <u>AJN</u>, 75:1680+. October '75 "Postabortive Depression", <u>Nursing Mirror</u>, 138:77+ June 14, 1974 "Tips-Offs That You're Dealing With Depression", <u>Patient Care</u>, 8:178+ March 15, 1974	List actions, side effects, and related rationale for use of Tofranil. 227

NURSE REFRESHER

CONTENT INCLUDED

A. Middle Adult Case Study: Myocardial Infarction and Pacemaker

1. Predisposing Risk Factors

- a. Arteriosclerosis
- b. Atherosclerosis
- c. Other

2. Disease Process

- a. Angina Pectoris
- b. Myocardial Infarction
 - 1) Signs and Symptoms
 - 2) Pathophysiology
 - 3) Clinical History
 - 4) Diagnostic Tests
 - Electrocardiogram
 - Chest X-Ray
 - Enzyme Studies
 - 5) Primary Management
 - 6) Secondary Management
 - Monitor
 - Pacemaker
 - 7) Surgical Treatment
 - Coronary Bypass
 - Intraaortic Balloon
 - 8) Intermediate Care
 - Nutrition (Low Sodium, Low Calorie)
 - Home Going Teaching
 - 9) Community Resources
 - Mobile Heart Team (911)
 - CPR Basic Life Support Review

3. Case Review With Correlation of Outlined Content

COURSE OUTLINE

COURSE NUMBER COURSE TITLE Nurse Refresher Case Study CREDIT HOURS
Middle Adult Myocardial Infarction and Pacemaker

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize principles of growth and development in relation to care of the middle adult with a myocardial infarction including a pacemaker. Identify the disease process of an acute myocardial infarction including signs and symptoms, diagnostic procedures and related treatment for the patient with an MI. Recognize the nursing measures utilized in caring for the patient with an acute myocardial infarction.	Case Study: Middle Adult Myocardial Infarction and Pacemaker A. Predisposing Risk Factors 1. Arteriosclerosis 2. Atherosclerosis 3. Other a. Hypertension b. Cigarette smoking c. Diabetes mellitus d. Emotional tension e. Obesity f. Age: 40-60 g. Sedentary occupation B. Disease Process 1. Angina Pectoris a. Definition b. Signs and symptoms (1) pain . (2) increased heart rate (3) increased pulse rate (4) heart sound more distinct (5) EKG (normal at rest) c. Pathophysiology (1) conduction system of the heart (a) SA Node (b) Atrial muscle (c) AV Node	References listed on last page Guest lecture from Coronary Care Unit in Acute Care Setting Handouts: 1. "Anterior Drawing of the Heart Showing Coronary Arteries" 2. "Posterior Drawing of the Heart Showing Coronary Arteries" 3. "Diagram of the Heart, Showing the Direction of Blood Flow" Assist with discussion of the disease process of angina pectoris	The participant will present the content of the case study via the group process method with discussion, demonstration of procedures and presentation of content in this column. Review a prepared case study on a patient with an acute myocardial infarction with the outlined content. Review circulation of blood through the heart, lungs and body. Define: 1. angina pectoris 2. arteriosclerosis 3. atherosclerosis 4. tachycardia 5. bradycardia 6. EKG -(electrocardiogram)

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher Case Study CREDIT HOURS _____Middle Adult Myocardial Infarction and Pacemaker

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize the signs and symptoms of angina pectoris and a myocardial infarction.	d. Treatment and Related nursing care (1) adequate oxygenation (2) continuous monitor (3) EKG (4) medication (a) nitroglycerine (b) iderol (c) digoxin (5) Surgical procedures (a) coronary bypass (b) intraaortic balloon 2. Myocardial Infarction a. Definition b. Signs and symptoms (1) pain (2) diaphoresis (3) nausea and vomiting (4) Fear and apprehension (5) Tachycardia or Bradycardia (6) Dyspnea (7) Marked weakness (8) Increase or decrease in blood pressure	Assist with discussion of the disease process of a myocardial infarction.	Describe the pain experienced by the patient with angina pectoris. List the action, usual dose, route and side effects of the following medications: 1. nitroglycerine 2. iderol 3. digoxin Define: 1. coronary bypass graft surgery (mammary transplant) 2. myocardial infarction Describe the nursing measures which would provide comfort to the patient who is experiencing a myocardial infarction. Differentiate the signs and symptoms of the patient with angina pectoris verses the patient with a myocardial infarction.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher Case Study CREDIT HOURS _____
Middle Adult Myocardial Infarction and Pacemaker

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the primary and secondary managements of the patient with a myocardial infarction. 233	c. Pathophysiology d. Clinical History (1) Family history (2) Presenting history (3) General appearance e. Diagnostic tests (1) EKG (2) Chest x-ray (3) enzyme studies (a) SGOT (Transaminase) (b) LDH (Lactic dehydrogenase) (c) CPK (creative phosphokinase) (d) HBP (Hydroxybutyrate dehydroginase) (e) Serum Cholesterol (f) Electrolytes (g) Blood gases f. Primary Management (1) Relief of pain (2) Adequate oxygenation (3) Intravenous fluid line (4) Vital sign and EKG monitoring (5) Arrhythmia treatment (6) Emotional Support	Discuss Normal EKG pattern verses abnormal. Transparency: Normal EKG Abnormal EKG	Tell the purpose of obtaining a nursing history on the MI patient. Define the following tests including the normal and direction of alterations (increase or decrease) that occur after an MI: 1. SGOT 2. LDH 3. CPK 4. Serum cholesterol Participate in a discussion of the primary and secondary managements of the patient with a myocardial infarction 234

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher Case Study CREDIT HOURS _____
Middle Adult Myocardial Infarction and Pacemaker

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the purpose of a pace-maker in the myocardial infarction patient including the nursing responsibility and patient teaching. Recognize when to initiate CPR.	g. Secondary management (1) continuous monitor (2) Early recognition of complications (a) Arrhythmia (medication) (external pacemaker) (b) pump failure (cardiogenic shock) (congestive heart failure) (c) pulmonary edema (d) pulmonary embolism (e) sudden death (3) Surgical Treatment (a) internal pacemaker (b) Coronary bypass (c) intraaortic balloon h. Intermediate Care (1) Basic nursing needs (2) Nutrition (a) Low sodium	Review use of CPR, crash cart - Code 6 (Charlie); Code 7 in the acute care setting. Discuss the basic nursing care needs of the MI patient on the post CCU area in the acute care setting and preparation for dismissal.	Tell the purpose of the internal and external pacemakers. List the nursing responsibility of the patient with an internal or external pacemaker including patient teaching. Recall CPR as utilized for the patient who has cessation of pulse and respirations List the basic nursing care needs of the MI patient on the post CCU area in the acute care setting including home going teaching.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher Case Study CREDIT HOURS _____Middle Adult Myocardial Infarction and Pacemaker

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the community resources available to the myocardial infarction patient.	(b) Low calorie (c) electrolyte replacement (3) Home going Teaching (a) exercise (b) rest (c) medication (d) sex (e) diet (f) occupation adaptation (1) Community Resources (1) Mobile Heart Team 911 emergency number (2) CPR Basic Life Support classes for resuscitation (3) pamphlets (4) public education via ETV Classes (5) stop smoking clinics (6) weight reduction classes (7) physical fitness classes - YMCA, YWCA (8) Blood pressure screening clinics with Public Health Dept.	Show pamphlets available to the MI patient	Tell the emergency phone number in Lincoln which will bring the mobile heart team. List some community resources available to the post myocardial infarction patient.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher Case Study CREDIT HOURS _____
Middle Adult Myocardial Infarction and Pacemaker

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
239		<u>References:</u> Andreoli, Kathleen et al, <u>Comprehensive Cardiac Care</u>, 3rd Ed., C. V. Mosby, 1975, pp. 103-115. Brunner, Suddarth, <u>Textbook of Medical-Surgical Nursing</u>, 3rd Ed., Lippincott, pp. 363-383. Coats, Kathryn, "Techniques in Cardiac Diagnosis", <u>Nsg. Clin. of N.A.</u> June 1976, pp. 259-269. Deal, Jacquelyn, <u>Beginner's Guide to Intensive Coronary Care</u>, Chas. Press Pub. Co., 1974, pp. 5-6, 9-19. Hamilton, William P et al, <u>Decision Making in the Coronary Care Unit</u>, C. V. Mosby, 1972, p. 1-14. Hudak, Carolyn M. et al, <u>Critical Care Nursing</u>, J. B. Lippincott Co., 1973, pp. 50-53. Harding, A. Laurie et al, "Group Intervention for Wives of Myocardial Infarction Patients", <u>Nsg. Clinics of N.A.</u>, June 1976, pp. 339-347.	240

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher Case Study CREDIT HOURS _____
Middle Adult Myocardial Infarction and Pacemaker

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
241		Killip, Thomas et al, "Treatment of Myocardial Infarction on a Coronary Care Unit", <u>Am. J. of Cardiology</u>, Oct. 1967, pp. 457-464. Pribble, Allen H., et al, "Emergency! On the Spot Cardiopulmonary Resuscitation", <u>Nsg. '75</u>, Febr. pp. 45-52. Shafer, Kathleen et al, <u>Medical-Surgical Nursing</u>, 6th Ed., C. V. Mosby Co., 1975, pp. 343-351. Slay, Connie L., "Myocardial Infarction and Stress", <u>Nsg. Clinics of N.A.</u>, June 1976, pp. 329-338. Van Meter, Margaret, et al, "What Every Nurse Should Know About EKG's", <u>Nsg. '75</u>, May, pp. 37-43. Pamphlets: Cardiopulmonary Resuscitation Red Cross - check vertical file in library for more pamphlets under HEART Refer to NR Card File under HEART for additional references. * <u>Required reading</u> (Duplicated articles on Reserve Shelf) SEE NEXT COLUMN	REQUIRED READING: "Helping to Save the Lives of More MI Patients The First Hour" "Initial Signs and Symptoms of Acute Myocardial Infarction"

COURSE OUTLINE

COURSE NUMBER COURSE TITLE Nurse Refresher CREDIT HOURS
Case Study - MI

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize knowledge of the myocardial infarction disease process in relation to the diagnostic tests, complications, treatment, procedures and nursing care when reviewing a specific case study. 243	CASE STUDY - MI Mr. and Mrs. William Hardy live in a middle size mid western city. They have 3 children and are actively involved in many community organizations. Mrs. Hardy is a housewife and Mr. Hardy is a salesman for a large pharmaceutical company with a known history of hypertension. He is known by his associates as an aggressive-competitive personality. At 4 a.m. Monday morning Mrs. Hardy is awakened by her husband. He tells her that he has a severe pain directly under his sternum, radiating to his jaw and under his left arm. He is nauseated, diaphoretic, and dyspneic. Mrs. Hardy rushes to the phone and dials 911. After giving the proper information to the operator, she rushes to the neighbor's house who is an R.N. Upon arriving back at the house, Mrs. Hardy and the R.N. find Mr. Hardy in cardiac and respiratory arrest.		Recall knowledge of the myocardial infarction disease process in relation to the diagnostic tests, complications, treatment, procedures and nursing care when participating as a member of the group while reviewing the case study. 241

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Case Study - MI

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
245	The R.N. initiates CPR and by the time the Mobile Coronary Care Unit arrives, Mr. Hardy has regained consciousness. The heart team places Mr. Hardy on the monitor which shows a sinus tachycardia with occasional ventricular premature contractions. BP 90/70, P-150, regular, R-34. An IV route is secured and O₂ is administered per nasal prongs. Morphine Sulfate 10 mgm is administered IV for relief of pain. Mr. Hardy is then transferred to the emergency room at the local hospital. As the physician is evaluating Mr. Hardy, the nurse notes the patient is experiencing an increase in PVC's. 100 mgm IV Bolus of Lidocaine is administered and an IV drip of Lidocaine at 4 mgm/minute is given. This appears to control the PVC's. The BP is now 120/70 and the P is 124 and regular. The physician notes that Mr. Hardy is pale, diaphoretic and weak. There is moderate neck		246

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Case Study - MI

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
247	vein distention and the lungs reveal a few fine rales in both bases. The heart sounds exhibit an S₃ gallop. Lasix 40 mgm. and Lanoxin 0.5 cc are given IV push. Further evaluation reveals good peripheral pulses, no liver distention, normal bowel sounds and no peripheral edema. Admitting lab, enzymes, chest x-ray and EKG are done. Blood gases are normal. CPK, LDH, and SCOT are all elevated. Chest x-ray reveals an enlarged heart with congestion in both lung bases. The EKG shows changes consistent with an inferior wall infarction. A Foley catheter is inserted and Mr. Hardy is transferred to the Coronary Care Unit. Admitting information is obtained from Mrs. Hardy in the ER with more to be completed in the a.m. Upon arrival in the CCU, the nurse notes:		248

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Case Study - MI

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
249	1. chest pain gone 2. no nausea or vomiting 3. skin warm and dry 4. color - good 5. O₂ continuous at 5-6 L. 6. patient alert and cooperative 7. 1200 cc clear urine in drainage bag 8. monitor Normal Sinus Rhythm - rate 90 9. no ventricular premature contractions - so she decreases the Lidocaine drip to 2 mgm/minute 10. BP - 120/70 Mr. Hardy is placed on routine CCU orders which include: 1. 24 hour chest x-ray 2. enzymes 2nd - 3rd day 3. other The doctor orders: 1. Pronestyl 500 mgm oral every 6 hours		250

COURSE OUTLINE

COURSE NUMBER COURSE TITLE Nurse Refresher CREDIT HOURS
Case Study - MI

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
251	2. Valium 10 mgm. oral qid 3. Seconal 100 mgm. prn H.S. 4. Milk of Magnesia 1 ounce oral at H.S. 5. Low Sodium diet - no caffeine, hot or cold drinks and no spices 8 hours post arrest the patient is resting comfortably. IV is at a keep open rate. Lidocaine has been discontinued and the monitor shows a Normal Sinus Rhythm. Rate 76. BP - 152/90. Lungs are clear. There is no nausea, vomiting or abdominal distention. The second day post infarction, Mr. Hardy spikes a low grade fever of 101⁶ F. for which he receives 10 grains ASA every 4-6 hours as needed. He is placed on Coumadin with routine pro times. His course from day one is fairly uneventful and on the 5th day he is transferred to the post CCU. On his 14th hospital day, he is released from the hospital with one take home medication which	252	

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher
Case Study - MI CREDIT HOURS _____

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
253	is a daily dose of Coumadin. He is to continue his low salt diet including low cholesterol and placed on a routine exercise program.		254

NURSE REFRESHER

CONTENT INCLUDED

- A. Later Adult Case Study: Emphysema and Congestive Heart Failure
 - 1. Growth and Development
 - 2. Hospital Admission Procedure - Nurse's Role
 - 3. TPR
 - 4. Positioning Cardio-Respiratory Patient
 - 5. Medications - Action in Association With Route of Administration
 - 6. Emphysema
 - 7. Congestive Heart Failure
 - 8. Laboratory Procedures and Values
 - a. Cholesterol
 - b. Alkaline Phosphatase
 - c. LDH
 - d. SGOT
 - e. Blood Gases
 - f. EKG
 - g. Serum Electrolytes
 - 9. Physical Appearance of Emphysema Patient
 - 10. Apical-Radial Pulse
 - 11. Cardiac Medications
 - 12. Intravenous Medications
 - 13. Intermittent Positive Pressure Breathing
 - 14. Inhalation Medication
 - 15. Sputum Specimen
 - 16. Pulmonary Function Studies
 - 17. TB Skin Tests
 - 18. Legal Responsibilities in Charting
 - 19. Community Resources
 - 20. Dietary Restrictions

21. Purse-Lip Breathing

22. Home Going Teaching - Long Range Goals

COURSE OUTLINE

COURSE NUMBER COURSE TITLE Nurse Refresher CREDIT HOURS
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize the principles of growth and development in relation to care of the later adult with emphysema and congestive heart failure. 257	<u>Later Adult Case Study</u> Emphysema and Congestive Heart Failure Mr. Chester Barrel is a 60 year old mailman who lives with his wife, Agnes, in a modestly furnished home in a midwestern suburb. He takes much pride in telling his friends that whether there is rain, sleet or snow, the mail must go. The Barrel's have 4 children who are all married and have families of their own in the same city. Chester has been an active member of the local YMCA and participates with the supervision of athletic events every Saturday. Agnes spends much of her time assisting a friend in her craft shop. Mr. B. developed a chest cold after walking his usual mail route 4 days ago in the rain and has not been able to shake it. The symptoms have lessened but he became aware of a prolonged wheezing expiration. He appeared to hold his chest in a permanent	See card file under "Emphysema", "Heart", "Electrolytes" Brunner, <u>Medical-Surgical Nursing</u>, pp. 390-96 and 306-11 Smith and Germain, <u>Care of the Adult Patient</u>, pp. 528-38 and 605-18 Shafer, <u>MS Nursing</u>, 6th ed., pp. 565-71 and 352-63 Beland, <u>Clinical Nursing</u>, 3rd ed., pp. 446, 453-6, 407-9, 664-81	The participant will present the content of the case study via the group process method with discussion, demonstration of procedures and presentation of content in this column. 258

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the nurse's responsibility in meeting the needs of the patient who enters the hospital setting for the first time. Differentiate between the 3 locations for taking a temperature including procedures and rationale for each.	inspiration position with his shoulders elevated and couldn't seem to get rid of his productive cough. He has had a dull headache and finds it easier to breathe with his mouth open. He appears anxious to his wife and she notices he talks in short, jerky phrases. Monday, September 26 - Chester gets up at his usual 5 a.m. to prepare for work. He notices his legs are swollen, he is gasping for air, and is very weak. Mrs. B. is very concerned and asks him to stay home and see the doctor. He finally consents. After examination by Dr. Hier, Chester is admitted to the hospital for a thorough exam. He was reluctant at first, as he had never been in a hospital. He was always "healthy as a horse". He appeared very apprehensive, short of breath to the point of being dyspneic and cyanotic. His vital signs are: T: 100/R, P: 126 and slightly irregular, BP: 160/90, R: 28 and labored.	Discuss: Admission Procedure and Chart <u>Admission and Discharge</u> - Film-strip Discuss: Choice of Location to Take Temperature "Vital Signs: How to Take Them Accurately...and Understand Them Fully" <u>Nursing 76</u> 6:31-7 April '76	Describe the usual admission procedure when a patient enters the hospital including what you would tell the patient who has never been in a hospital before. List the 3 usual locations for taking a temperature. Tell the rationale for performing a rectal temperature versus oral and axillary as it relates to the patient in the case study.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the variance in drug action time and the route of administration. 261	He weighed 200 lbs. and was 5 feet 11 inches tall. Dr. Hier wrote the following admission orders: 1. Bedrest, stand to void only, keep head of bed elevated 2. Intake and Output 3. Chest x-ray, stat 4. EKG, stat 5. Weigh daily 6. Lasix 20 mg. IV stat and 20 mg. IM Bid 7. CBC, UA, BUN, Chemistry Profile and Electrolytes including Arterial Blood gases 8. Respiratory function tests in a.m. 9. TED Hose to lower legs 10. O₂ at 3-4 liters via face mask 11. Warm mist humidifier 12. Do PPD skin test 13. No smoking 14. Low sodium, soft diet 15. Fasting Blood Sugar Mrs. B. stayed until visiting hours were over and then left her phone number at the nurses' station, requesting to be called if he got worse during the night.	TPR - Filmstrip PDR Discuss and demonstrate: TED Hose Measurement and application Transparency of CHF	Explain the rationale for placing the patient with possible cardio-pulmonary problems on bedrest with head of bed elevated. List the action of Lasix in association with the route of administration including side effects. Tell the rationale for weighing a patient daily when a diuretic is administered. Define TED Hose. List the symptoms exhibited by the patient which would warrant their use or application for preventative measures. Define emphysema and congestive heart failure. 262

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS																											
Recognize the pathophysiological disease process of emphysema and congestive heart failure including the signs and symptoms. Synthesize the relationship between oxygen administration and the patient with emphysema and congestive heart failure. Recognize alterations in laboratory tests and procedure results as they relate to the patient with emphysema and congestive heart failure.	Mr. B. experienced nausea and vomited 3 times during the night. The nurse performed mouth care 4 times due to the vomiting and mouth breathing. By the next morning he was feeling very weak and extremely short of breath. His chest x-ray revealed generalized congestion with pleural effusion on the right side indicative of congestive heart failure (CHF). September 27 - Mr. B.'s chemistry profile revealed: (only alterations listed) <table><tr><td></td><td></td><td><u>Normal</u></td></tr><tr><td>Glucose:</td><td>115</td><td>(80-120)</td></tr><tr><td>Cholesterol:</td><td>280</td><td>(150-250)</td></tr><tr><td>Alkaline Phosphatase:</td><td>253</td><td>(30-85)</td></tr><tr><td>LDH:</td><td>235</td><td>(90-200)</td></tr><tr><td>SGOT:</td><td>85</td><td>(10-50)</td></tr></table> EKG: Irregular rhythm with sinus tachy ardia. Pattern indicative of congestive heart failure. Serum Electrolytes showed normal results except for a slight depression of potassium. Blood Gases: <table><tr><td></td><td></td><td><u>Normal</u></td></tr><tr><td>PH:</td><td>7.32</td><td>(7.35-7.45)</td></tr><tr><td>PO₂:</td><td>72</td><td>(80-100 mm Hg)</td></tr></table>			<u>Normal</u>	Glucose:	115	(80-120)	Cholesterol:	280	(150-250)	Alkaline Phosphatase:	253	(30-85)	LDH:	235	(90-200)	SGOT:	85	(10-50)			<u>Normal</u>	PH:	7.32	(7.35-7.45)	PO ₂ :	72	(80-100 mm Hg)	Ciba, pp. 81-82 "The Patient With Emphysema", AJN July, 1965 Film: "Emphysema The Facts" Brunner, <u>Medical-Surgical Nursing</u>, 3rd ed., pg. 1115+ "Diagnostic Studies and Their Meaning"	Describe the pathophysiological disease process of emphysema and CHF including the textbook signs and symptoms as they relate to the case study patient. List the etiology for alterations in the following laboratory tests and procedures in relation to the patient with emphysema and congestive heart failure: 1. Cholesterol 2. Alkaline Phosphatase 3. LDH (Lactic Dehydrogenase) 4. SGOT (Transaminase) 5. Blood Gases 6. EKG 7. Serum Electrolytes
		<u>Normal</u>																												
Glucose:	115	(80-120)																												
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PH:	7.32	(7.35-7.45)																												
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COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the factors which predispose the patient to emphysema Recognize the physical changes that occur in the stature of the emphysematous patient.	O₂: 74 (95%) * PCO₂: 40 (35-45 mm Hg) HCO₃: 20 (22-26 meq/L) *Lower in elderly Results indicative of slight respiratory acidosis. 8:00 a.m. - Dr. Hier arrived, read the results of the lab and x-ray reports and completed a history and physical on Mr. B. The history revealed that his mother and father were both dead. His mother died from hypertension at age 68 and his father died from a stroke at age 69. There was no history of TB, rheumatic fever, migraine headaches, ulcers, thyroid disorders, or allergic conditions. Chester had smoked for 35 years and noticed he had coughed quite frequently even before his cold had developed. On physical exam, he revealed an increase in the anterior and posterior diameters of the chest.	Broughton, "Understanding Blood Gases" in Vertical File Discuss: Altered Lab Values Blood Gases EKG Serum Electrolytes "Better Ways to Cope With COPD" <u>Nursing 76</u> 6:28-38 February '76 "Caring for Patient With Advanced Emphysema" <u>RN</u> August '74 pp 41-2 "Educating Your COPD Patient" <u>Nursing Update</u>, Vol. 4 No. 8 August '74 "Emphysema" <u>Nursing 72</u> November '72 pp. 8-12 <u>Nursing Management of Patient With Emphysema</u> RC742 03 <u>Postural Drainage - Filmstrip</u> "Coping with Emphysema" <u>Nurse Clin NA</u> March '74 pp. 137-45	List the predisposing factors that contribute to the development of emphysema in a patient. Describe the physical appearance of the "typical" advanced emphysemic patient.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the proper procedure for performing an Apical-Radial Pulse including the rationale. Recognize the nursing procedure performed prior to the administration of a cardiac regulating medication.	retraction of the intercostal chest muscles, marked kyphosis, with fine rales and wheezing throughout the chest cavity. Retraction of the sub-clavicular muscles with inspiration was also noted. Heart tones were distant and irregular with slight apical radial deficit but no murmurs were heard. Slight cyanosis of the fingernails and toenails when O_2 off during exam but returned to normal when reapplied. After completing the history and physical, Dr. Hier wrote on the progress record: Chronic Obstructive Pulmonary Disease (COPD) primarily emphysema complicated by Arteriosclerotic Heart Disease (ASHD) and Associated Congestive Heart Failure (CHF) He wrote the following orders: 1. Apical-Radial pulse qid 2. Cedilanid 1.0 mg. IV stat 3. Lanoxin 0.25 mg. orally ("O") every a.m. starting tomorrow 4. 500 cc Sodium Chloride (NaCl) with 20 meq. potassium chloride (KCL) IV. Run in over 4 hour period 5. Repeat serum potassium in a.m.	"Respiration in Emphysema Patients" NCNA 8:617-22 December '73 <u>What is Emphysema</u> - Filmstrip Discuss and Demonstrate: Apical-Radial pulse and charting Discuss: Taking pulse prior to administration of cardiac medication	Recall the signs and symptoms presented by the patient with CHF and emphysema. Identify other names for CHF. Define arteriosclerotic heart disease. Tell the procedure for performing an Apical-Radial pulse including the rationale. List the action and side effects of the following: 1. Cedilanid 2. Lanoxin

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize the procedure for calculating Intravenous solutions utilizing the drops per minute method. Recognize the inhalation procedures available including their purpose and use with medications. Identify the method utilized by the nurse to collect a sputum specimen including patient teaching for the procedure. Recognize the technique utilized by the nurse to perform a catheterization on a male patient including informing the patient.	6. IPPB (Intermittant positive pressure breathing) with 1 cc of Alevair in the Nebulizer Bid 7. Sputum specimen to lab for culture and sensitivity 8. Insert Foley catheter - connect to straight drainage 12:15 p.m. - Chester received his first IPPB with Alevair in the Nebulizer. He did not seem to tire from the treatment and his breathing appeared to be less labored. Shortly after the treatment, he placed a deeply coughed sputum specimen into a plastic container and put it on the bedside table. He told his wife it was easier for him to breathe, and she should go home and get some rest. She agreed and went to the nurses' station to leave her phone number in case he should get worse. During the remainder of the day and evening the new orders were instituted and his O₂ continued. His cough sounded deeper and produced large quantities of thick white foamy sputum. The nurse had taped a small brown paper bag to the side of his bed and he found it convenient to	Discuss and Demonstrate: 1. Calculation of drops/minute with IV 2. IV record sheet Discuss: IPPB and Alevair Tour Respiratory Therapy Unit in Hospital Observe performance of IPPB Demonstrate: Sputum spec procedure and cup Culture and Sensitivity sheet "When Your Patient is on Respiratory Therapy", <u>Nursing Update</u> Vol. 6 No. 1 January '75 Discuss: Male Foley Catheterization Patient Teaching <u>Urinary Catheterization Male & Female - Filmstrip</u>	Describe the nursing procedure performed before administering a cardiac regulating medication. List the action and side effects of Sodium Chloride and potassium IV. Tell the rationale for repeating the serum potassium level post a.m. IV infusion. Describe Intermittant positive pressure breathing procedure including the rationale and the Nebulizer. List the action and side effects of Alevair via inhalation. Describe the procedure for obtaining a sputum specimen including: 1. rationale 2. patient teaching Recall female catheterization and describe adapting the procedure on the male patient including:

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS														
Identify the pulmonary function studies as one of the diagnostic tools in measuring the degree of advancement in the patient with (COPD) emphysema.	place his used tissues in it. He was able to sleep at intervals and awoke only for medications and/or treatments.		1. informing the patient 2. rationale														
	September 28 - 8:00 a.m. - Dr. Hier arrived and examined Mr. B. His breathing was less labored and the oxygen was discontinued with a new order to use prn at 3-4 Liters. He also ordered IPPB therapy with 5 cc's of Alevair and 1 cc of Isuprel for 15 minutes every 4 hours, with Decadron inhaler after each treatment. Start Chole-dyl 200 mg. oral Tid and H.S. The results of the lab tests were as follows: <table><tr><td></td><td>Results</td><td>Normal</td></tr><tr><td>Hemoglobin:</td><td>13.8</td><td>(12-16)</td></tr><tr><td>Hematocrit:</td><td>43</td><td>(40-50)</td></tr><tr><td>WBC:</td><td>7.9</td><td>(5.0-10.0)</td></tr><tr><td>BUN:</td><td>16</td><td>(10-20)</td></tr></table> Fasting Blood Sugar: 104 (65-120) Urinalysis: Negative Pulmonary Function studies: Maximum breathing capacity and vital capacity are both reduced. Results of 47.5% in one second and 70.7% in 3 seconds Residual capacity - is moderately increased - suggestive of moderately advanced chronic obstructive pulmonary disease		Results	Normal	Hemoglobin:	13.8	(12-16)	Hematocrit:	43	(40-50)	WBC:	7.9	(5.0-10.0)	BUN:	16	(10-20)	Discuss: Oxygen therapy dependence <u>Oxygen Administration - Filmstrip</u> Discuss: Pulmonary Function Studies
	Results	Normal															
Hemoglobin:	13.8	(12-16)															
Hematocrit:	43	(40-50)															
WBC:	7.9	(5.0-10.0)															
BUN:	16	(10-20)															

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COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the nurse's role in performing a tuberculin skin test.	During his bath, Chester said he felt much better, but that he was still tired. He asked about the weather and discussed returning to work as soon as possible. His wife visited with him for a short time in the morning and seemed relieved to see him feeling better. October 5 - The nurse read the 48 and 72 hour TB skin test as negative and recorded it on Mr. B's chart. In 7 days Mr. B. has lost 12 pounds, his hands and feet show no sign of cyanosis. The edema in his lower extremities is reducing and he is able to walk to the bathroom without assistance. His heart has slowed and is now in normal sinus rhythm at 72-76. A repeat chest x-ray demonstrated marked hyperlucency of the lungs, depressed diaphragm and increased chest diameter, with moderately emphysematous changes, however, less bronchial congestion present. Mr. B.'s condition appears to	Brunner, <u>Medical-Surgical Nursing</u>, 3rd ed., pp. 1046-53 Smith, Germain, <u>Care of the Adult Patient</u>, pp. 549-553 Discuss and Demonstrate: 1. TB skin test - PPD (Mantoux) 2. Tine test 3. Picture of positive reaction	Define tuberculosis. List 2 methods of performing a TB skin test including: 1. Procedure 2. Patient information 3. Charting and marking of patient's arm with bathing instructions 4. Reading times 5. Measurement of positive

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the nurse's role in assisting the patient to comply with doctor's orders versus legal responsibility of the nurse in recording appropriate data. Recognize the community resources available to the patient who desires assistance to stop smoking.	be improving and it is becoming difficult for the nurses to restrict his activity. He is occasionally found in the waiting room visiting with his wife and smoking a cigarette. When informed that he must get more rest and that the doctor ordered no smoking, he puts it out, laughs heartily and states, "I'm not dead yet, I made it through this and I'm good for another 20 years, but I guess I need the rest so I'll go to my room". The nurse then made a note on Mr. B.'s chart regarding this episode. Dr. Hier arrives. As he reviews the chart, the nurse informs him of Mr. B.'s behavior. He then visits with Chester, informing him that no doubt his condition is improved but that he must stop smoking. Chester is quiet. He plays with the sheets, rubbing his fingers on them, then replies, "I don't know if I can". Dr. Hier then tells him he must try and recommends that he start by cutting down at first and eventually quitting. Otherwise, he will be back in again. Chester	Discuss: Legal responsibilities and documentation on chart. Observing and Charting - Filmstrip Discuss: Community resources available to stop smoking - 5 day plan	List the nurse's legal responsibility in complying with the doctor's orders including appropriate charting. Tell the community resources available to the patient who needs help to stop smoking.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the nurse's role in teaching the patient to take his own radial pulse in relation to homegoing cardiac medications and the associated precautions. Recognize the relationship between congestive heart failure and low salt diets with special food to replace potassium. Identify the rationale for teaching the emphysematous patient purse-lip breathing including the procedure.	agrees to try. Dr. Hier informs him that he can go home in 2 days if everything continues the same. But he must not return to work for one month. He leaves the following orders: Homegoing meds: 1. Lanoxin 0.25 mg. orally once a day. Instruct on taking pulse before med - do not take if below 60 and call office - send 7 tablets 2. Choleldyl 200 mg. oral Qid, #30 tablets 3. Lasix 40 mg. oral at 8 a.m. #7 4. Diet instruction on low salt 2000 calorie diet with a banana or glass of orange juice each day - send home diet list 5. Encourage no smoking 6. Make appointment to come to my office in 1 week after dismissal. 7. Instruct on purse-lip breathing exercises to be followed at home Tid 5 minutes After Dr. Hier leaves, Mr. B. is aimlessly staring out the window. As the nurse enters the room she	Discuss: Low salt 2000 calorie diet Heart Association Pamphlets <u>Basic Nutrition and Diet Therapy</u> Reserve shelf Haas, <u>Living With Emphysema</u>	Outline a teaching plan for the patient who must learn to take his own radial pulse before administering a cardiac medication and the associated precautions. List the diet restrictions of the patient on a low salt diet, include the rationale for including a banana or orange juice daily. Define purse-lip breathing including its rationale for the patient with emphysema. List 2 devices that may be used by the patient to perform purse-lip breathing.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the limitations imposed on the patient with emphysema including the nurse's role in assisting him/her to adjust his life style accordingly. 279	comments, "I heard you're going home in a couple of days". Chester perks up and replies, "Wow, can you beat that! I feel so much better, I've just got to get back to my route". The nurse responds by saying, "Don't you think you should take a little rest and give yourself a chance to really get to feeling good?" Chester hesitates then says, "I guess you're right. Say, you know that heart medication I'm getting. Doc said something about learning to count my pulse. Are you going to do that?" The nurse uses this opportunity to teach him and makes a note on the nursing care plan that she initiated it and others must reinforce it. Two days later Mr. Barrel is dismissed and leaves the hospital unit in a wheelchair accompanied by his nurse.	<u>Petty and Nell, For Those Who and Breathe With Emphysema and Chronic Bronchitis</u> Discuss: Realistic long-range goals for the patient with emphysema.	List one of the major teaching factors in helping the patient with emphysema to learn to live with it. 280

NURSE REFRESHER

CONTENT INCLUDED

- A. Later Adult Case Study: Cataract, Transurethral Resection of the Prostate and the Dying Process
 1. Growth and Development
 2. Cataract - Disease Process, Types of Surgical Removal
 3. Eye Drop Installation Procedure
 4. Medications
 5. Postoperative Care
 6. Urinary Distention
 - a. Catheter Care
 - b. Closed Irrigation Drainage System
 7. X-Ray Procedures
 - a. IVP
 - b. Retrograde Pyelograms
 - c. Flatplate of Abdomen
 8. Dietary Restrictions
 9. Emotional Needs of Patient and His Family
 10. Prostatectomy
 11. Complications Associated With Complete Bedrest Including Preventative Measures
 12. Rectal Medication Procedure
 13. Cancer Disease Process
 14. Antineoplastic Medications
 15. Postoperative Shock: Preventative Measures, Identification and Treatment
 16. Diversional Activities of Hospitalized Patient
 17. Emotional Needs of Cancer Patient and/or Family
 18. Isolation Procedure Review
 19. Adverse Reactions to Radiation and Antineoplastic Therapy
 20. Psychological Stages of Death and Dying Including Nurse's Role

21. Signs and Symptoms of Impending Death Including Nursing Actions
22. Post Mortem Care - Nurse's Role and Legalities

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize principles of growth and development in relation to care of the later adult with a cataract extraction, transurethral resection of the prostate and the dying process. Recognize the various members of the health team who provide services to the patient with eye needs. 283	<u>Later Adult Case Study</u> Cataract, Transurethral Resection of the Prostate and the Dying Process Mr. John Lens is a 69 year old retired mathematics instructor from a small midwestern university. His wife Jean is an active member of the retired faculty, wives' club and participates in all the fund raising benefits for student scholarships. Professor and Mrs. Lens share the same interests and frequently attend concerts and lectures. They have no children and spend much of their free time traveling. Professor Lens has made it a habit to have a yearly physical and has always considered himself to be in good health. On his last physical the doctor had found his prostate to be enlarged and suggested a referral to a urologist. However, Professor Lens had deferred as they were leaving for California. He did follow up on an appointment with his ophthalmologist upon returning because his	See "Eye" in card file Read: Brunner, <u>Medical-Surgical Nursing</u> 2nd ed., pp. 734-737 OR Smith and Germain, <u>Care of the Adult Patient</u> pp. 441-442, 449-452 OR Brunner and Suddarth, <u>Textbook of Medical-Surgical Nursing</u>, 3rd ed., pp. 857-860	The participant will present the content of the case study via the group process method with discussion, demonstration of procedures and presentation of content in this column. Define the following: 1. Ophthalmologist-Occulist 2. Optometrist 3. Optician 284

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COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the signs, symptoms and related treatment for the patient with a cataract.	vision had decreased severely over the past 2 years. This had made it extremely difficult for him to keep up with the mounds of reading in his monthly journals. Dr. Aqueous had diagnosed a senile cataract in his right eye and recommended surgery. Because he was anxious to regain his vision, Professor Lens consented. On June 1 he was admitted to the hospital at 4 p.m. for surgery the following morning. Dr. Aqueous wrote the following orders for an intracapsular cataract extraction of the right eye at 8:00 a.m. June 2. 1. NPO after midnight 2. Fleets enema 3. Seconal 100 mg oral at H.S. 4. At 7:00 a.m. instill: 10% Neo-Synephrine HCl 5% Homatropine HBr 1 drop of each in O.D. every 5 minutes times 4 5. Diamox, 250 mg. 1 tablet at 7 a.m. 6. Nembutal 75 mg. IM at 7 a.m. After Mrs. Lens had gone, Professor Lens made a tour	Overhead Projector: Illustrations of Cataracts "Cataract Extraction" <u>Nursing Times</u> 70:789-92 May 23, 1974 "Cataract Surgery: Phacoemulsification Pros & Cons" <u>Patient Care</u>, 9:90-1+ March 1, 1975 "Cataract Techniques Equally Effective" <u>AORNJ</u> 21:1360 June '75 "Cataract Treatment & Rehab" <u>AORNJ</u> 20:922-5 December '74 "Cataracts: Development, Diagnosis and Management" <u>Clinical Symposium</u> 26:2-32 #3 '74	Recall normal anatomy and physiology of the eye. Define cataract. List the 3 types of cataracts. Tell the signs and symptoms of a cataract including the etiology and usual treatment. Define O.S., O.D., and O.U. Tell the procedure for instilling eye drops.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the legal implications related to the patient's signing an operative permit prior to the administration of sedatives and hypnotics. Recognize the operative procedure related to the extraction of a cataract.	of the unit. He made observations of where the bathroom and bedside stand were located. For supper he ate all of his regular diet and watched television with his roommate. He refused the enema until the nurse informed him of its purpose. Much of the remainder of the evening entailed pre-op information from the nurse to which he had no questions and frequently talked about his vacation. At 9:45 p.m. Professor Lens received his sleeping medication. He slept all night. At 6:30 a.m. the night nurse awakened him so he could take his shower, shave and sign the preoperative permit before receiving his morning medications. Mrs. Lens arrived shortly before his preoperative medication was given and he was taken to the operating room at 8:00 a.m. He was told that he would be given a local anesthetic to which he replied, 'You mean I'm awake?'	"Patient Assessment: Exam of Eye" <u>AJN</u> 74:1-24 November '74 "Patient Assessment: Examination of the Eye" <u>Slides</u> SL RE46 M4 "Phaco-Emulsification of Cataracts" <u>AJN</u> 75:976-7 June '75	Tell the action, side effects and related rationale for the following: 1. Seconal 2. 10% Neo-Syneprine HCl 5% Homatrophine HBr eye drops 3. Diamox 4. Nembutal Recall the action and side effects of Demerol. List the rationale for the patient's need to orient himself to his surroundings preoperatively. Tell the purpose of an enema preoperatively for the cataract patient. List one reason for a patient to avoid discussing a scheduled operative procedure. Tell the reason for requesting a patient sign the operative permit before medications are administered.

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COURSE OUTLINE

COURSE NUMBER COURSE TITLE Nurse Refresher CREDIT HOURS
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the rationale and nursing management of the postoperative cataract patient including 2 major objectives.	The nurse responded that the medications he received would make him sleepy and that he would not feel any pain at the time of the surgery. Professor Lens returned from surgery at 9:30 a.m. The postoperative orders were as follows: 1. Complete bedrest, with side rails up 2. Head of bed elevated 30 degrees 3. Keep flat for 4 hours, may then turn to unoperative side only 4. Fluids and soft diet today 5. Regular diet tomorrow 6. Darvocet N 100 mg. oral every 4 hours prn for pain 7. Diamox 250 mg. oral, 1 tablet tonight and $\frac{1}{2}$ tablet b.i.d. tomorrow 8. Seconal 100 mg. oral at H.S. prn 9. May be up in chair with help in a.m. 10. Doriden 0.5 gm. oral at H.S. Professor Lens was awake, his vital signs were stable and he dozed at intervals until noon. For lunch he tolerated his clear liquid diet well.	"Shedding New Light on Cataract Surgery" <u>Today's Health</u>, 53:24-6+ April '75 PDR	Describe the operative procedure for cataract extraction including: 1. Extracapsular 2. Intracapsular 3. Cryo surgery 4. Phaco emulsification List the rationale and nursing management for each of the postoperative orders. List 2 major objectives of the nurse when providing care to the postoperative cataract patient. List the action and side effects of: 1. Darvocet N 2. Doriden



COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the signs, symptoms and treatment of the patient with voiding problems.	Mrs. Lens arrived at visiting hours with a radio so Professor Lens could hear the symphony orchestra that evening. Mrs. Lens stayed for an hour then stopped at the nursing station to tell the nurse he needed a pain med and that she would return in the evening so he could get his rest now. At 3:00 p.m., Professor Lens had still had no success with his attempts to void. He was complaining of a full feeling in his lower abdomen and the nurse felt he was distended. Dr. Aqueous was called and gave an order to catheterize but do not leave it. May repeat in 6 hours with a Foley catheter. If still unable to void, then leave in place - connect to straight drainage. The nurse performed the catheterization and obtained 900 cc's of clear yellow urine. 9:00 p.m. Professor Lens had attempted to listen to his radio music but was very restless because he could not void. The Foley catheter was inserted with some difficulty and connected		Define distention of the urinary bladder. List the signs, symptoms, and treatment of urinary retention. Recall male catheterization procedure. List the rationale for straight catheterization with removal the first time and leaving if need for cathing a second time

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
293	to drainage. By 10:30 he had excreted 1200 cc's of urine. He took his sleeping pill and spent a restful night. On his first post-operative day he ate a general diet and sat on the edge of the bed. He was up in the chair when Dr. Aqueous arrived. The doctor changed his dressing and told him that his eye looked good. The anterior chamber was deep and the bubble of air was still present. The doctor instilled 1% Atropine drops and Cortisporin ointment. He discussed the voiding problem with Professor Lens and then informed him of the results of his last physical. Dr. Aqueous wrote an order for Dr. Plumbington, a Urologist, to review the case. 4:00 p.m. Dr. Plumbington arrived and performed a history and physical with the resulting diagnosis of enlarged prostate and recommended that he wait until he had recovered from the cataract surgery and then return for a TUR of the prostate. Professor Lens agreed. On the 3rd postop day Professor Lens was able to walk	Read: <u>Skelley, Esther G., Medications and Mathematics for Nurses</u>, pp. 246-248 PDR	List the action and side effects of: 1. 1% Atropine eye drops 2. Cortisporin eye ointment Define: 1. Miotic 2. Mydriatic
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COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the purpose and methods instituted to prevent stress post-operatively for the patient with cataract extraction.	around in his room. He felt much better and the catheter had been removed. He was voiding in small amounts but total output appeared adequate. He was now receiving a daily laxative (Dulcolax 2 tablets) every p.m. with good results. Each day he was allowed to increase his activity and was allowed to feed himself, brush his teeth, comb his hair, shave and walk in the corridor with help. With the increased activity, Professor Lens appeared more relaxed.		List the rationale for using a laxative post-operatively with the cataract patient. Tell the action and side effects of Dico-lax.
Identify the teaching process utilized by the nurse to prepare the patient to instill his own eye drops. Recognize the nurse's role in teaching the post cataract patient homegoing restrictions.	The doctor continued to change his dressing daily and instilled 1% Atropine drops and Cortisporin ointment. In the progress notes, he wrote that the patient had a good clear anterior chamber, the cornea was clear, and the fundus could be visualized. He left orders for the nurse to teach the patient to instill his own eye drops and ointment including how to cleanse the eyelid. Professor Lens was dismissed on the 6th day postop after Dr. Aqueous informed him of the usual restrictions at home.	Read: Article Shiery, Susan, "Insight into the Delicate Art of Eye Care", <u>Nursing 75</u> 6:50	Outline a teaching plan for the patient who must instill his own eye drops. List the restrictions imposed on the post cataract extraction patient, including the nurse's role.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize the medical terms utilized to describe voiding problems. Identify the precautionary measures instituted when a catheter is inserted in the patient who was unable to void. Recognize the equipment available to provide a closed irrigation drainage system of the bladder via a urinary catheter.	He was given an appointment to see Dr. Aqueous in one week and continue with follow-up by the Urologist. Six weeks later - Professor Lens was admitted to the hospital late in the afternoon by Dr. Plumbington. He had been brought to the Emergency Room by his wife because he was unable to empty his bladder for 10 hours. She had not been able to reach Dr. Plumbington's office and decided the Emergency Room would give her husband immediate care. Upon arrival at the Emergency Room doctor ordered the insertion of a Foley catheter. After 1000 cc's of urine was removed, the catheter was clamped. The E.R. doctor had contacted Dr. Plumbington who ordered: 1. Leave catheter in, remain clamped for 30 minutes then open. Connect to closed irrigation drainage system with 1000 cc's of NaCl solution. Irrigate prn to keep open. 2. Admit to G-U unit 3. Routine lab, urinalysis, Chem profile, BUN, Chest x-ray	Opaque Projector. Brunner, pg. 563 - Picture of Male GU tract Read: Brunner: <u>Medical-Surgical Nursing</u>, pp. 540-582 OR: Smith and Germain, <u>Care of the Adult Patient</u>, pp. 955-966, 816-827 (urologic) Overhead Projector. Picture of closed irrigation drainage system.	Recall normal A and P of the male genitourinary tract. Recall signs and symptoms including treatment for the patient with voiding problems. Define: 1. Anuria 2. Dysuria 3. Cystitis 4. Urgency 5. Frequency 6. Hematuria 7. Retention Tell the rationale for clamping a catheter when 900-1000 cc's of urine is expelled immediately upon insertion. Describe the equipment and its use for closed irrigation drainage of the bladder.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the normal PH of urine and NaCl.	4. Accurate I and O	PDR	Tell the rationale for each of the following: 1. NaCl irrigating solutions versus sterile water - PH 2. Forcing fluids 3. I and O 4. Vital signs every 4 hours
Identify the related diagnostic procedures performed on the patient with urinary problems.	5. Macrochantin 50 mg. oral with milk every 6 hours		
Recognize the action and side effects of medications used for urinary problems.	6. Regular diet and force fluids		
Identify the dietary restrictions imposed on the patient with specific x-ray procedures,	7. Vital signs every 4 hours		
	8. O and B Suppository now, then 1 every 6 hours prn for bladder spasms		
	9. Stat flatplate of abdomen		
	10. Doriden 0.5 gm. oral at H.S. prn		
	1. Schedule for IVP and Retrograde pyelograms, in a.m.		
	Professor Lens appeared pale and diaphoretic as the nurse assisted him into bed. He stated he just couldn't understand why this had to happen when he was feeling so good.		
	He received a low residue diet for supper and a laxative in preparation for the IVP and pyelograms in the morning.		
	Mrs. Lens continued to hover over her husband and only left his side when the nurse suggested she go to the cafeteria and try to relax, that everything possible was being done. She consented, then returned to remain at his bedside throughout the night.		
		Basic Nutrition and Diet Therapy, 3rd ed.	Define: 1. IVP 2. Retrograde pyelograms 3. BUN (Blood Urea Nitrogen) 4. Flatplate of abdomen
			List the action and side effects of: 1. O and B suppository (Opium and Belladonna) 2. Macrochantin
			Recall action and side effect of Doriden.
			Describe a low residue diet including its purpose.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the nurse's role in meeting the needs of the family and/or relatives when a loved one is hospitalized.	The catheter had remained patent throughout the night with irrigations every 2 hours to check patency. Dr. Plumbington arrived at 7:30 a.m. and performed a rectal exam to palpate the prostate digitally and wrote on the progress notes that it was markedly hypertrophied. The tests and x-rays revealed a large prostate with urethral constriction. There was no apparent kidney, ureter or bladder involvement. The serum acid phosphatase was markedly increased.	Read: Ratcliff, J. D., <u>Your Body and How It Works</u>, "I Am Joe's Prostate", pp. 218-224	List the rationale for giving a laxative prior to performing an IVP and Retrograde pyelograms.
Identify the pathophysiological disease process of an enlarged prostate, including the related tests and diagnostic procedures.	Dr. Plumbington informed the Professor of his findings including the possibility of cancer, to which he gave his consent for immediate surgery.	Overhead Projector: Pictures of various surgical approaches to perform prostatectomy	List the needs frequently exhibited by family and/or relatives when a loved one is hospitalized, including the nurse's role in meeting these needs.
Recognize the various surgical approaches which may be used to perform a prostatectomy and related procedures.	The following orders were written: 1. Operative permit for TUR of the prostate with frozen section and possible bilateral orchiectomy 2. Fleets enema this p.m. 3. Type and cross match for 2 units packed cells. Send to O.R. in a.m. 4. Demerol 75 mg.	Brunner and Suddarth, <u>Med-Surg Nursing</u>, pp. 664-665 Carbory, Lorraine Judson, "Problems of the Prostate", <u>Nursing Care</u>, August '75, pp. 12-15	Define: hypertrophied urethral constriction Describe the pathophysiological disease process of an enlarged prostate including: 1. Signs and symptoms 2. Physical examination 3. Alterations in lab values. 4. Benign versus malignant 5. Treatment
	Vistaril 50 mg. Atropine 0.4mg IM preop at 7:00 a.m.		Tell the rationale for specifically stating the planned procedure on the operative permit. Define: 1. Prostatectomy 2. Orchiectomy 3. Frozen section

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the method used to maintain fluid and electrolyte balance in the patient following surgery. Recognize the proper method for administering intravenous medications including precautions and side effects. Identify the complications of complete bedrest including the related preventative measures.	5. Clamp catheter at 7:00 a.m. and send to C.R. without closed irrigation drainage system Surgery is completed and Professor Lens returned to his room at 11:00 a.m. with the following orders: 1. Follow present IV with Normosol-R 1000 cc every 8 hours 2. Keflin 1 gm IV piggy at 12 noon for 4 days 3. Continue closed irrigation drainage system, irrigating frequently to maintain patency 4. Bedrest, dangle this p.m., stand at bedside in a.m. 5. Usual postop vital signs - call if any rapid changes 6. Demerol 5-100 mg and phenergan 50 mg. every 4-6 hours prn pain 7. O and B Suppository every 6 hours prn bladder spasms 8. Hemoglobin and Hematocrit at 4 p.m. 9. Change dressings around penis, catheter and scrotum prn 10. Keep scrotum elevated, apply scrotal support in a.m., ice to scrotum intermittently 11. May have sips of water prn 12. Dramamine 50 mg IM every 4 hours prn - nausea	Read: Pryor, J. P., "Patient Care After Prostatectomy", <u>Nursing Times</u>, October 11, 1973, pp. 1326-1328	Define the following types of prostatectomies: 1. Suprapubic 2. Perineal 3. Transurethral 4. Retropubic Recall action and side effects of Demerol, and Atropine as a preoperative medication. List the action and side effects of Vistaril. List the purpose of Normosol - R IV. Calculate the drops per minute to regulate an IV to run 1000 cc's every 8 hours. Tell the action and side effects of Keflin, including a description of the technique of administration with related precautions. List the complications that occur with complete bedrest - correlating the preventative measures.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
	3. Stilphosterol 1 gm. - have ready for 10:00 a.m. administration IV by myself - will repeat x 5 days 4. Continue closed 3-way irrigation drainage system - keep taped horizontally to thigh, irrigate frequently to maintain patency 5. Usual post TUR cath care Dr. P. wrote the following on the Progress record: TUR of prostate with frozen section positive for prostatic adenocarcinoma. The prostate was removed via TUR and a bilateral orchiectomy was performed, will start on estrogen therapy		List the action and side effects of phen- ergan. Recall the action and side effects of O and B suppository. Recall purpose of repeating Hbg. and Hct. Define adenocarcinoma. Describe the aseptic technique instituted when changing the dressing on the scrotal incision. Tell the rationale for applying ice intermittently to the scrotum.
Apply the principles of aseptic technique when changing sterile dressings and irrigating a catheter. Identify the nurse's role in providing care to the patient with a catheter following TUR of the prostate.	The above orders were instituted and Chemotherapy had been underway for 3 days. Dr. Plumbington had explained the rationale to Professor Lens who appeared depressed. He had experienced nausea and vomiting and had received the Dramamine as necessary. Pelvic and spine x-rays had demonstrated osteoblastic metastasis of cancer to the spine and	Read: Article: Elizabeth Marino and Donna LeBlanc, "Cancer Chemotherapy", <u>Nursing 75</u>, 11:22 Review: Aseptic Technique with dressing changes Read: Brunner and Suddarth, <u>Textbook of Medical-Surgical Nursing</u>, 3rd ed., pp. 629-631, Cath Care 195-196, Shock	List the action and side effects of: 1. Dramamine 2. Stilphosterol (Estrogen) Describe the 3-way drainage system as it relates to the post operative TUR patient, including the nursing care.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize the related nursing care of the patient following a TUR of the prostate.	Dr. P. had made notes on the progress record that the prognosis was poor.		List the rationale for frequent nursing observations and irrigation of the catheter following a TUR of the prostate.
Identify the signs and symptoms, including changes in vital signs when hypovolemic shock occurs.	Although dietary intake was minimal, he was able to increase his fluid intake and the IV's were used only at a (KVO) keep open rate to administer IV antibiotic and antineoplastic medications.	Overhead Projector: Picture of Triple Lumen Catheter, Figure 26-3	Describe the patient's signs and symptoms including changes in vital signs when hypovolemic shock occurs.
Recognize the diversional activities available to the semi-ambulatory hospitalized patient.	The nurses had identified Professor Lens' depression and were using diversional methods in hopes of rebuilding his spirits. He would go for a wheelchair ride outside with his wife at least once a day. He was able to do some reading and his wife had brought his journals.	Discuss: Observations regarding post-operative shock	List the nursing action utilized to combat and/or treat hypovolemic shock.
Identify the role of the nurse in relation to home-going teaching for the post TUR patient with metastatic cancer on a treatment regimen.	On the 7th day post-op, he appeared less depressed and was asking to go home. Dr. P. was in agreement and plans were made for dismissal.	Read: <u>Smith and Germain, Care of the Patient</u> , pp. 251-269	List diversional activities applicable for the semi-ambulatory hospitalized patient.
Recognize the treatment available to the patient with cancer of the prostate with metastasis including the side effects.	Mrs. Lens was extremely helpful and had solicited assistance from the diet kitchen, the doctor and the nurses in hopes of providing what was needed for her husband.		Outline a home-going teaching plan for the post TUR patient with metastatic cancer on a treatment regimen.
	Professor Lens had "perked up" according to his wife		Tell who is responsible for the administration of IV-Antineoplastic medications.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the psychological implications of outward behavior displayed by the patient who is dismissed from the hospital setting with a diagnosis of cancer including the nurse's action to meet these needs.	and was looking forward to relaxing at home. He had received 5-Fluorouracil Intravenously on 5 consecutive days and had started his Cobalt irradiation to the low spine and pelvic area. Plans were made to continue the scheduled 20 treatments on an outpatient basis. He had been informed of the side effects and had demonstrated some nausea which was controlled by the use of Tigan 250 mg. oral every 4 hours prn. On the day of dismissal Professor Lens was talking incessantly walking about in his room and telling his roommate of his plans for the next vacation to the Bahamas. He went home with his wife and thanked everyone for his "fantastic" care. Two years later - Professor Lens had received antineoplastic medications orally and the Cobalt treatments had been repeated one year following dismissal. He had periods of what he termed "excellent health" and "close to death's door".	Discuss: Psychological Needs of the patient with cancer See Card File "Death and Dying" for resources	List the action and side effects of 5-Fluorouracil (5FU) including usual prescribed treatment for the side effects. Recall special skin care related to the patient receiving Cobalt irradiation. List the action and side effects of Tigan. Outline the nurse's role in meeting the psychological needs of the patient with cancer who is being dismissed from the hospital setting.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the latent signs and symptoms of cancer including those induced by the treatment. Differentiate between the various types of isolation including the nurse's role in instituting and maintaining the procedure.	At this time he entered the hospital in a debilitated state. He was being admitted with a diagnosis of terminal cancer of the Pelvis with metastasis to the spine. He is dehydrated and his WBC is 2,000. He has lost 50 pounds since his last admission. There is marked alopecia and his eyes appear sunken. He has obvious gynecomastia and speaks in a high pitched tone. Dr. Plumbington wrote the following admission orders: 1. Admit to private room - place in protective isolation 2. Start D/5/W with #18 Long-dwell and run 1000 cc's every 8 hours 3. Insert Foley catheter and connect to straight drainage 4. Bedrest 5. Intake and Output - push fluids as tolerated 6. Hemoglobin and Hematocrit stat - Routine lab, urinalysis and chest x-ray 7. Diet as desires - check with wife 8. Electrolytes in a.m. 9. Morphine Sulphate 10 mg. IM every 3-4 hours prn - pain	Read: Brunner and Suddarth, <u>Textbook of Medical-Surgical Nursing</u>, 3rd ed., pp. 242-244, 1028-1031 Discuss: Isolation - review procedures	List the latent signs and symptoms of advanced metastatic cancer including those induced by the treatment. Recall the normal WBC count. Tell the etiology for a decrease in the WBC count in relation to antineoplastic medications. List the signs and symptoms of dehydration. Define: 1. Alopecia 2. Gynecomastia Define the following types of isolation: 1. Strict 2. Respiratory 3. Reverse or Protective 4. Enteric 5. Wound and skin

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COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the psychological stages the patient passes through when a terminal condition occurs. Identify the nurse's role in providing care to the terminal patient and/or family and relatives.	0. Compazine 10 mg. IM every 6 hours prn nausea 1. Valium 5 mg IM every 4-6 hours prn restlessness 2. Doriden 0.25 gm. oral prn H.S. Dr. P. discussed Professor Lens' condition with Mrs. Lens in the conference room, then made a note on the progress record stating: Terminal malignancy with metastatic cancer originating from prostatic with pelvic and spinal involvement. When the nurse entered Professor Lens' room, she found Mrs. Lens sitting in a chair by the bed holding her husband's hand and weeping quietly. She spoke to her and Mrs. Lens wiped her tears, got up and asked if they might talk in the hall. The Professor was asleep so they both left the room. On the way to the conference room, Mrs. Lens stated, "He's all I've got. I've done everything I can for him and now he's going to die. He's given up completely. I can't do anything right for him anymore, every time I touch him, he yells at me. I don't	Discuss: Stages of Death and Dying Read: Brunner and Suddarth, <u>Textbook of Medical-Surgical Nursing</u>, 3rd ed., pp. 106-113, 79 (definition of death) Read: <u>Articles</u> Williams, Jane C., "Understanding the Feelings of the Dying", <u>Nursing 76</u>, 3:52 OR: Popoff, David, "What Are Your Feelings About Death and Dying?", Part I, <u>Nursing 75</u>, 8:15 Burton, Genevieve, "Families in Crisis-Knowing What and How to Help", <u>Nursing 75</u>, 12:36	List the action and side effects of Intravenous solution Dextrose 5% in water. Tell the rationale for performing a serum electrolyte level. List the action and side effects of: 1. Morphine Sulfate 2. Compazine 3. Valium Recall the action and side effects of Doriden - list the rationale for the reduced dosage. Define the following psychological stages the dying patient goes through: 1. Denial 2. Anger 3. Bargaining 4. Depression - grief 5. Acceptance

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
315	know what to do anymore." They were now seated in the conference room and the nurse replied. "It's been quite a trial, hasn't it?" Mrs. Lens replied, "You don't know the half of it. I guess I need to just get hold of myself and admit that we've had a good life together and now it's almost over. I know he's in pain and he doesn't mean to yell, but it just cuts me in two when he does. Where do I go from here?" The nurse spent the next few minutes assuring Mrs. Lens that she had done everything she could do and accepting the fact that he was going to die was difficult but once she had come this far she would be able to have the courage to be a big help to her husband through the final period. It was now time for her to trust the nurses and doctors who would do everything they could to make him comfortable and prevent him from suffering. Mrs. Lens appeared more relaxed as the days went on, although she continued to hover over him. She would stay by his side during the day with the isolation gown	Yentzer, Mary Ann, Griffin, Anne, "The Dying Patient-Meeting His Needs Could Be Easier Than You Think", <u>Nursing 75</u>, 3:16 Rinear, Eileen, "Helping the Survivors of Expected Death", <u>Nursing 75</u>, 3:60	Outline a nursing care plan to meet the needs of the dying patient and/or family and relatives including: 1. Physical 2. Psychological 3. Social 4. Spiritual 316

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COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the signs and symptoms of impending death including the nurse's actions. 317	on and would sleep in the waiting room at night. At 11:30 p.m. the night nurse had received report that the Professor was having Cheyne stroke breathing. He had developed pneumonia in his right lung and needed frequent suctioning. His condition had deteriorated and he was semi comatose. As she entered his room to take his vital signs, she found there was no pulse, no respirations, and his eyes were open and appeared to stare at the ceiling in a fixed position. As she pulled the call-light out of the wall to turn the buzzer on at the nursing station for help, she remembered that Mrs. Lens has requested "No heroic measures be performed to prolong his suffering." After checking his pupils for reaction with a flashlight and noticing they were fixed, dilated and did not react, the nurse called the emergency room doctor. A second nurse had arrived and was told to awaken Mrs. Lens and call Dr. Plumbington.	/	Define Cheyne stroke breathing. List the signs and symptoms of impending death including the nursing actions. 318

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COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Later Adult Case Study

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the role of the nurse in relation to post-mortem care.	The E. R. doctor arrived, examined Professor Lens and pronounced him dead at 11:40 p.m. Mrs. Lens had left word earlier to call a priest when necessary and Father Joseph had arrived and administered last rights. The nurse stayed with Mrs. Lens until she had regained her composure, then accompanied her to the conference room where she placed some phone calls to relatives. Post-mortem care was given, an autopsy permission was signed by Mrs. Lens and pathology was contacted. The body was taken to the morgue and the mortuary was called to make funeral arrangements. Four days later, a large bouquet of flowers arrived at the nursing station with the following note: "Thank you all so very much for caring so tenderly for my beloved husband, your kindness will always be remembered". Mrs. Lens The nurse, Miss Johnson, read the note, and with a quiet voice responded, "I wish we could have done more."	Discuss: Post Mortem Care	List the nursing action in providing post-mortem care. Tell the legal aspects regarding the following. 1. Autopsy 2. Release of body 3. Donation of body or body parts 4. Documentation on nursing notes 5. Valuables.

NURSE REFRESHER

CONTENT INCLUDED

Case Study: Elderly - Arthritis, Total Hip Replacement and Rehabilitation

A. Movement of Extremities With Joint Pain

1. Nursing Care Measures to Provide Comfort for Arthritic Patient
2. Surgical Procedures Used for Arthritic Patient

B. Total Hip Replacement

1. Pre-Operative
2. Operative Procedure
3. Post Anesthesia Room
4. Post-Operative
5. Complications
6. Community Resources

C. Rehabilitation

1. Adverse Effects of Bedrest
 - a. Preventative Measures
 - 1) Positioning
 - 2) Skin Care
 - 3) Exercises
 - 4) Ambulation
2. Assistive Services
3. Community Resources

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Case Study - Elderly: Arthritis, Total Hip Replacement and Rehabilitation

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Synthesize principles of growth and development in relation to care of the elderly with arthritis, total hip replacement and rehabilitation. Identify the disease process of arthritis including signs and symptoms and related treatment for the patient with arthritis. Recognize the nursing measures utilized in caring for the patient with arthritis.	Case Study - Elderly : Arthritis, Total Hip Replacement and Rehabilitation A. Arthritis 1. Types 2. Definition 3. Disease process 4. Cause 5. Symptoms 6. Treatment and Related Nursing Care a. Rest b. Exercise - Range of Motion c. Skin Care d. Heat e. Stress f. Occupational and Physical Therapy g. Diet h. Drugs i. Surgery 1) Types	Brunner, Suddarth, <u>Textbook of Medical-Surgical Nursing</u>, 3rd ed. pp. 997-1009 Smith, Germain, <u>Care of the Adult Patient</u>, 4th ed., pp. 323-343 MacRae, Isabel, "Arthritis - It's Nature and Management", <u>Nursing Clinics of N.A.</u>, December, '73 pp. 643-651 O'Dell, A. J., "Hot Packs for Morning Joint Stiffness", <u>AJN</u>, June, 1975, pp. 986-987 Pigg, J., "50 Helpful Hints for Active Arthritic Patients", <u>Nursing '74</u>, July, 1974, pp. 39-41 Pamphlets in Vertical File: 1. Diseased Joint Conditions 2. Rheumatoid Arthritis 3. Strike Back at Arthritis Check NR card file for further references on "Arthritis"	The participant will present the content of the case study via the group process method with discussion and demonstration of procedures including presentation of content in this column. Two nursing journal articles on case studies of total hip replacement will be correlated with the outlined content. Define: 1. rheumatoid arthritis 2. osteoarthritis 3. ankylosis Demonstrate proper method of moving extremities of patient with joint pain. Describe nursing care measures which provide comfort to the arthritic patient. List 2 drugs commonly prescribed for the patient with arthritis.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Case Study - Elderly: Arthritis, Total Hip Replacement and Rehabilitation

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the nursing role in relation to care of the patient with total hip replacement and related procedures and treatments. Recognize the preoperative procedure involved with the hospitalized patient who is scheduled for a total hip replacement. Identify what is involved in the operative procedure for total hip replacement. Identify the immediate nursing actions of the nurse in the post anesthesia room in relation to the patient with a total hip replacement. 324	B. Total Hip Replacement 1. Patient Selection a. Medical and/or surgical history 2. Hospitalization a. Preoperative 1) Laboratory 2) X-Ray 3) Medication 4) Teaching 5) Hygiene 6) Routine preparation 7) Permit b. Operating Room 1) Anesthesia 2) Position on table 3) Skin prep 4) Drapes	Film: Total Hip Replacement Required Reading: Donn, M. C., "Right Total Hip Replacement", <u>Nursing Times</u>, October 24, 1974, pp. 1654-1657 Graves, Sandra and Sharon Vincent, "Total Hip Replacement is a Family Affair", <u>RN</u>, June, 1971, pp. 35-41 Additional References: Brunner, Suddarth, <u>Textbook of Medical-Surgical Nursing</u>, 3rd ed., "Surgery of the Elderly Patient", pp. 220-223, T.H.R. pp. 1008-1009 Golante, "Total Hip Replacement", <u>AORN</u>, October '73, pp. 726-730 PAGE 4	Differentiate between the symptoms of rheumatoid arthritis and osteoarthritis. List some of the types of surgery which may be performed on the arthritic patient. Institute appropriate nursing measures when caring for the patient with arthritis and related illnesses. Define total hip replacement (arthroplasty). List the criterion for selecting patient for T.H.R. Discuss the preoperative preparation of the patient for T.H.R. Describe the operative procedure for a T.H.R. Discuss the immediate nursing actions of the nurse in the PAR for the T.H.R. patient. 325

COURSE OUTLINE

COURSE NUMBER COURSE TITLE Nurse Refresher CREDIT HOURS
 Case Study - Elderly: Arthritis, Total Hip Replacement and Rehabilitation

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Recognize the nurse's role in caring for the post operative total hip replacement patient. Identify possible complications of a total hip replacement including preventative measures, treatments and the related nursing care.	5) Operative Procedure 6) Blood Replacement - IV Fluids 7) Aseptic Technique 8) Drains 9) Dressing c. Post Anesthesia Room - R.R. 1) Traction 2) Positioning - Abduction 3) Vital signs 4) Medication - parenteral 5) X-Ray d. Post Operative 1) Inhalation Therapy 2) Physical Therapy - exercises 3) Diet 4) Activity 5) Medication - oral 6) Hygiene e. Possible Complications 1) Preventative measures 2) Treatment f. Home Going Teaching g. Community Resources	Johnson, C.F., "Preventing Emboli After Total Hip", <u>AJN</u>, May, '75, pp. 804-806 "Nursing the Patient Undergoing Total Hip Arthroplasty", <u>Nursing Clin of N.A.</u>, March, '73 pp. 107-116 Sculco, "Management of the Patient with an Infected Total Hip Arthroplasty", <u>AJN</u>, April '76, pp. 584-587 Smith, Germain, "Care of the Adult Patient", 4th ed., pp. 316-318 Check NR Card File for further references under "Orthopedics"	Describe the nursing management of the post operative T.H.R. patient. List 2 possible complications of a T.H.R. including preventative measures and treatment. Tell the nurse's responsibility in relation to home-going teaching of the T.H.R. patient. List some community resources available for the T.H.R. patient.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Case Study - Elderly: Arthritis, Total Hip Replacement and Rehabilitation

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the rehabilitative needs of the patient in relation to the nurse's role including other members of the health team and their respective services.	C. Rehabilitation 1. Definition 2. Team members 3. Adverse effects of bed rest a. Cardiovascular system b. Respiratory system c. Urinary and Bowel d. Musculoskeletal system e. Skin f. Psychological 4. Nurse's Role - Broad a. Preventative b. Maintaining existing abilities c. Teaching d. Support e. Referral 5. Nurse's Role - Specific a. Teach and practice body mechanics b. Positioning c. Skin care d. Exercises 1) ROM 2) Passive 3) Active e. Ambulation 1) Cane 2) Walker 3) Crutches 4) Braces 5) Wheelchair	Austin, B., "A Patient in the Geriatric Rehabilitation Ward", <u>Nursing Times</u> , May 29, 1975, pp. 852-853 OR Brunner, Suddarth, <u>Textbook of Medical-Surgical Nursing</u> , 3rd ed., pp. 115-138 Brower, P. and Hicks, D., "Maintaining Muscle Function in Patients on Bedrest", <u>AJN</u> , July '72, pp. 1250-1253 Bumbalo, J. A., et. al., "The Self-Help Phenomenon", <u>AJN</u> , September '73, pp. 1588-1591 Foss, G., "Breaking the Architectural Barrier with Crutches, Wheel chairs, and Walkers", <u>Nursing '73</u> , October '73, pp. 17-31 Griffin, W., et al., "Group Exercises for Patients with Limited Motion", <u>AJN</u> , September '71, pp. 1742-1743 Stryker, R. P., <u>Rehabilitative Aspects of Acute and Chronic Nursing Care</u> , Phil., W. B. Saunders, 1972	Define rehabilitation. List the members of the rehabilitative team. Tell the adverse effects of bedrest. Describe the nurse's role in rehabilitating the patient. List the specific nursing responsibilities in relation to the patient with rehabilitation needs. Demonstrate appropriate nursing action while performing or observing patient exercises and ambulation.

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
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OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
330	6. Self Care a. Eating b. Dressing c. Personal Hygiene d. Home Adaptations 7. Assistive Services a. Physical Therapy 1) Hot packs 2) Exercises - ambulation 3) Paraffin application 4) Traction 5) Whirlpool 6) Ultrasound b. Occupational Therapy 1) Adapting activities of daily living c. Vocational Rehabilitation 1) Job assistance training 8. Community Resources a. Public Health Nurse b. Extended Care Facility c. Health on Wheels	Rehabilitation Pamphlets in Vertical File: 1. "Ambulation: A Manual for Nurses" 2. "Homemakers Unlimited" 3. "Homemaking Aids for the Disabled" 4. "Vocational Rehabilitation" Transparency: "Referral Form" Occupational Therapist Lecture, Kay Christianson at Madonna Home Tour of physical therapy unit in Acute Care setting and convalescent home.	331

COURSE OUTLINE

COURSE NUMBER _____ COURSE TITLE Nurse Refresher CREDIT HOURS _____
Unit IV Considerations for Employment

OBJECTIVES	COURSE CONTENT	METHODS AND MATERIALS	ASSESSMENT METHODS
Identify the job opportunities available in relation to the procedure for application. Identify strengths and weaknesses of Refresher Course. Identify needs for further formal or informal education. Identify present requirements for continuing education, refresher course, and work experience with regard to renewal of nursing license.	Unit IV Considerations for Employment A. Opportunities Available B. Personnel Policies C. Application and Interview	Guest Lecture: Prospective Employees Read: Personnel policies from various employing agencies during clinical laboratory. Fischelis, Mary C. and Nancy H. French, "Nurse, Wife and Mother" <u>AJN</u> January 1968, pp. 76-79 Lucek, Dorothy, "Refresher Course - The First Step", <u>NO</u> September 1968, pp. 23-25 Instructors: Individual clinical evaluation with each participant regarding success or recommendations for further study. Resources for additional continuing education: 1. inservice through employment 2. professional organizations 3. journals 4. health libraries 5. continuing education classes and workshops Presentation of certificates for completing Nurse Refresher Course successfully.	List the job opportunities available within the local community and outside the community. Differentiate between various employer personnel policies. Complete a course evaluation form. Identify needs for further continuing education and methods of achieving them. Group share with each other their future plans.